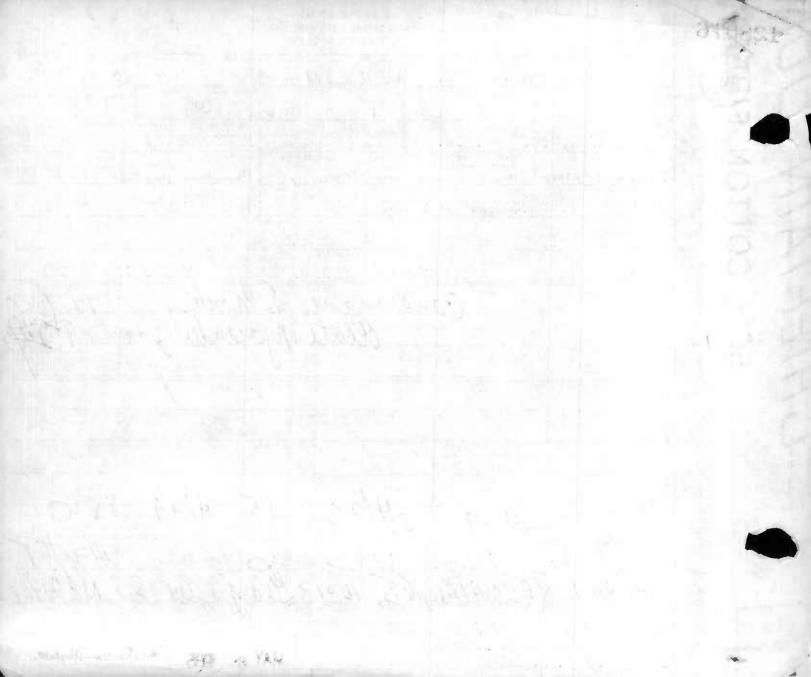
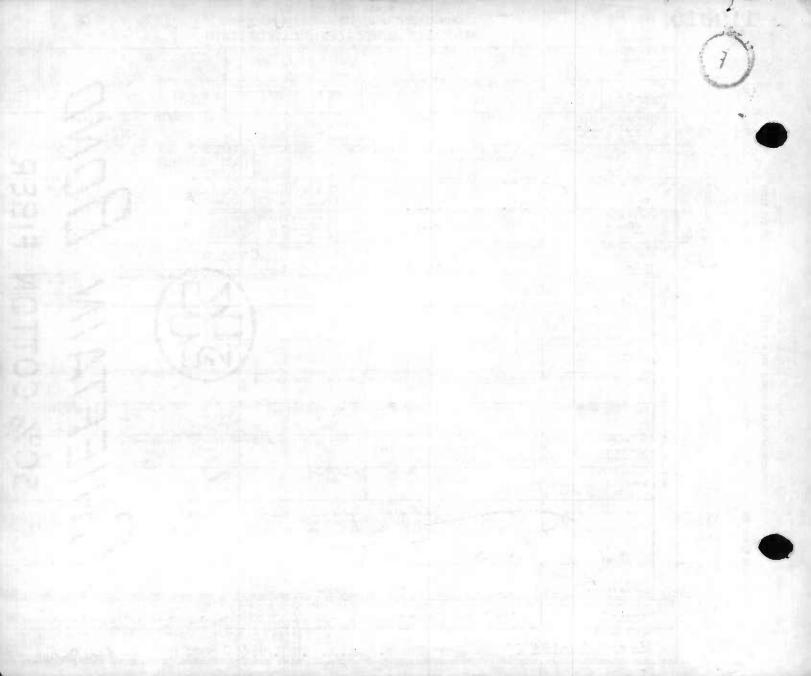
FRANCIS J. COLLINS

500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

DHMH - 16 60M 7/84 ~ ay 15, 4)



11901	0 1_	Item FOR STATE	s 18-22a	9/ 16 /85 m	DEPART	MENT OF	E OF M	ARYLAND AND MENTAL F	YGIENE	191	8	
1	1.	REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFICATE C	OF DEATH	REG. NO.		
1 cl		CEASED NAM	E FIRST		WIDDIE	-	L	AST	2a. DATE KN	IOWN MONTH	DAY YEAR	26 HOUR
1000	1 "	PE ORPRINI)	Elva		Μ.		Hora	shberger	OF E	2011	19 19 85	
OBS	3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UND	DER I YR. IF UNDER		MONTH	DAY YEAR	R 2d HOUR
NECESSARY FUNERAL DIRECTOR YOU S, WITHIN 72 W. PRESTON S	Fe	emale	White	MONTH DAY	02	82 YR	711011111	DAYS HOURS	MIN PRONOUNCE DEAD	4	19 1985	9:38A
GESSERY WERAL DII OR YOU VITHIN 72		IRTHPLACE (S		76. CITIZEN OF WI	HAT COUN		8. MARRIE	D NEVER MARR	IED 7. BALTIMOR	RECITY OR COUN	TY OF DEATH	
NAME OF STREET OF STREET	1	Maryl	and	USA			WIDOWE	emm	ED Montgo	omery Cou		MD
F ANY DELAY IS NE ANY DELAY IS NE RETAIN PAGE 54 HOULD BEKELED, WAS RECORDS, 20 W.	ID. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME	OR OTHE	RINSTITUTION	12a. USUAL OCCUPAT	TION (TYPE OF WORK	126 KIND OF E OR INDUS	
APP APP	100	Silve	er Spring	Но	ly Cr	oss Hos		1	Housewif	e	100	1.20
MD. 21201 H. IF ANY D 1, 2, AND 3 M 3. RETAIN 0.2 SHOULD FRAL RECORD	USU 13a. S	AL RESIDENCE STATE	(IF IN NURSING HOME OF	R OTHER INSTITUTION, GI TY	13c. CITY	OR TOWN)N)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		- 20	964
ZIZ AN	I	ld.	Mo	nt.	S.	S.		YES NO	313 Bau	mont Ro	ad 🐬	/ /
MD. H. H. H. H. J. Z. S.	14. F	ATHER'S NAMI	E	MIDDLE	-	LAST		15 MOTHER'S MAID	ENNAME	ue	LAST	
A P P P	1	James				im		Leola			Graves	
JRS AFTER DEATH. 3. GIVE PAGES 1, 28. GIVE PAGES 1, 29. GIVE PAGES 1, 20. GIVEN PM 31. PAGES 1, 20. DIVISION OF TABLE POLIVISION OF TABLE PAGES 1, 20. DIVISION OF TABLE PAGES 1, 20. DIVI	160.	WAS DECEASE res, no, or unkno	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b, 50	CIAL SECURITY	NO.	17. INFORMANT	Same as 1	ADDRESS 3E		
JRS AFTER JRS AFTER JRS AFTER JR GIVE PA		N/A			217	36 6	222		Mower (au			
T., BAL.	7	18 CAUSE C	OF DEATH (Enter onl	DV -					LA EST		BETWEEN ON	SET AND DEATH
STON ST., V 24 HOUR N ITEM 18. ALIONG W ALONG W YGERMIT.	1	5/8	IMMEDIAT	13	lunt	injury	to he	ead				
ALC ALC AND AL		0		DUE TO, OR	AS A CO	NSEQUENCE C)F					
NER SEL		gove ri	ins, if any, which ise to immediate	(b)								
201 W. PRE UTED WITHI IN PENCIL I EXAMINER I MAL-TRENTAL M DN, OR REA		couse (o) stating the <u>under-</u> use last.	DUE TO, OR	AS A COR	NSEQUENCE C)F				9-9-	
S EN A SING				(c)								
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHOGTHE WORD, "IN PENCIL IN ITEM 18. GIVE ARGEST 1, 2, AND REDED TO THE CHIEF MEDICAL, EXAMINER ALONG WITH FORM PM. 3. RETARES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TO BE USED AS A BURIAL - TRANSIT PERMIT - TRANSI	Z	PART 2 OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).			
L RECO	CERTIFICATION	19a. DATE OF	FOPERATION	196 CONDI	TION FOR	WHICH OPER	ATION WA	AS PERFORMED?			20 AUTOPS	Y?
E SHOULI WORD "P E CHIEF BE USED NT OF HE BURIAL,	F										YES X	NO
NA CHENTES			AL CAUSE WAS	216. TIME OF		DAY VEAD	21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	ART 2)	
NO SHIP	7 3	UNDERLYING CONTRIBUTI	G MOR ING □ CAUSE OF D	EATH P.M	471	9 DAY YEAR	SI	ubject fel	1			
/ISIG	MEDICAL	21d. INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME,	21f. LOC					STATE
DIVISION OF VITA NINER: THIS CERTIFICATE SHC CACTE, WRITING THE WORR TOR: PAGE 3 SHOULD BE UT ITHE STATE DEPARTMENT OF LAND, 2 1201 PRIOR TO BURIN	2	AT WORK	AT WORK		nospí		Holy		spital Sil		ng, Md.	SIAIE
STAN STAN		22a. I cert			.0	our held on	Autopsy	/ X Inspection	n . Inquiry .	and in my o		
A S S S S S S S S S S S S S S S S S S S	1	deoth result	/ 1	4 [11	A	- Jops	Homicide .	Undetermined monn		pinion	
KAM RETIFECT VITH VRYL		deom reson	/ ///	7	771	7		TITLE (SPECIFY)	Orderer mined month	ier LJ,		
W. Y. D. C.		ACTUAL SIGNATURE	1 / /	rayou	KI	luce	1 A		ef MEDICAL EXAMIN	DATE IER SIGN	4/20/	/85
SEAT SEAT	7						4					
TO MEDICAL EXAMINER: THIS CEI SECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P		EXAMINER'S (TYPE OR PRI	INT) The	omas D. S	mith,	M.D.	A	DDRESS	11 Penn St.	Balto.	MD.	
PAFT PAFE	23a.E	URIAL, CREMA	TION, REMOVAL 2			NAME OF CEA	AETERY OR	CREMATORY	23d. LOCATION		UNTY	STATE
07/84 BP		Buria		4/23/85	H	illcre	est (Cemetery		land Ma		
25M DHMH - 17	24. f	UNERAL DIREC	CTOR	_ ADDRESS				25e. DATE	REC'D, BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
(VR A15 ME (5))		Hines	/Rinaldi	11800	New	Hamp.	Ave.	s.s.MdAP	R 2 2 1985	- Savio	Son-Rand	1 1



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

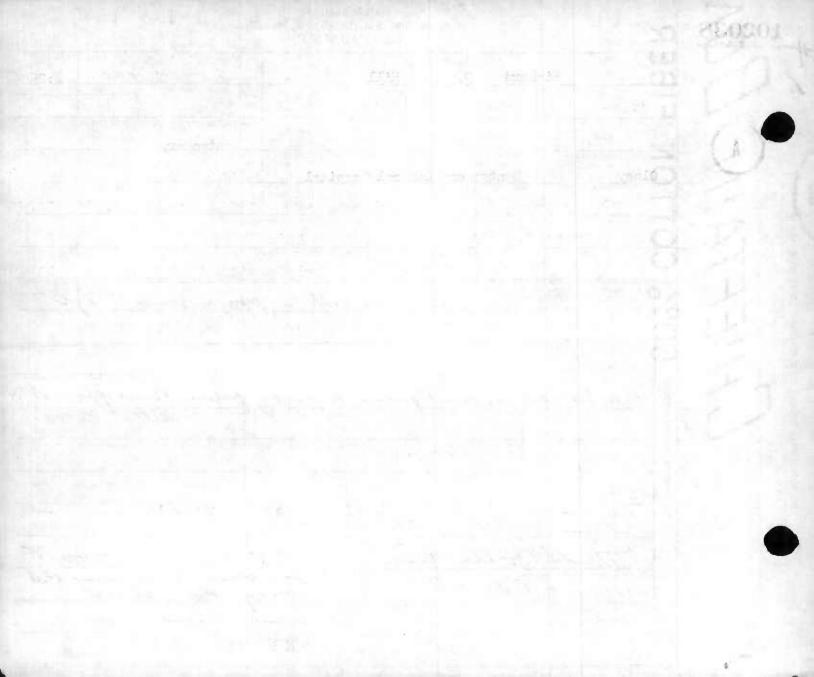
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL AYGIENE

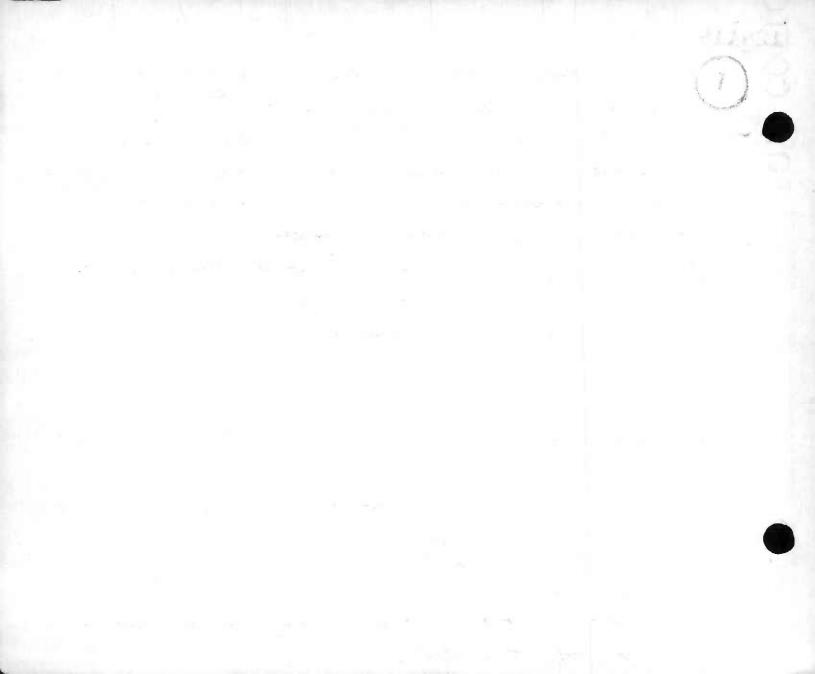
1 - STATE REGISTR	AR		DEPART		ICATE OF DEATH	GI EN E	REG. NO.	, , ,	
1 DECEASED N	IAME FIRST		MIDDLE		AST	20 DATE O	F DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	R	ichard	N.	Hill			01.	05 85	1.025 83/
3 SEX		4 RACE	41,	5. DATE (6 AGE IN	PEARS LAST BIRTHDAY)	IF UNDER TYEAR	
Male	= = = = = = = = = = = = = = = = = = =	Blac	k	Jul	y 24, 1945	39	- YR	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE	I STATE OR FOREIGN		WHAT COUNTRY?	8	-		RE CITY OR COU		
COUNTRY)	Md.	U.S	.A.	WIDOWE	DIVORCED	Mon	teomery		MD.
O CITY OR TO	WN OF DEATH			IG HOME	OR OTHER INSTITUTION	12a USUAL	OCCUPATION		OF BUSINESS OR
Olney	-	W	omery Ger	7	Hospital		borer	G LIFE) INDUSTRY	
		Me or other institution ounty Montg.	GIVE RESIDENCE BEFORE 136 CITY OR TOW Sandy	E ADMISSION) /N Spri:	13d INSIDE CITY LIMITS?		ADDRESS / ZIP CO		2086
FATHER'S N		MIDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE	LA:	st
	James				Alic	e V.			
160 WAS DECE		ARMED FORCES?	166 SOCIAL SECL		17 INFORMANT		ADDRESS		
No			167-34	-932	Patricia	Hill	(Wife)	same a	S #13
Condition gove recover underly:	ons, if any, which ise to immediate (a), stating the ing couse last	DUE TO, CO BULLETO, CO BULLETO, CO BULLETO, CO CO CO CO CO CO CO CO CO CO	OR AS A CONSEQUIOR AS A CONSEQUION ON TRIBUTING TO RELIED	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEAS	OPSY? 20b. IF	YES, WERE FINDI	INGS USED S OF DEATH?
E	DENT WAS UNDERLYING	G 21b, TIME C	OF INTUIDY		21c HOW INJURY OCCUR	YES [NO	YES _	NO []
00.000.00	RIBUTING CAUSE O		M. MONTH D	AY YEAR	THE HOW INJOHN OCCOR	KED (ENIER N)	TIOKE OF INJURY IN TEM	(10 PARTIORPARTZ)	
0	R NOTIFY MEDICAL EXAM		.M. OF INJURY	19	211 LOCATION				
WHILE AT WORK			REET FACTORY, OFFICE I	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
22a I cer	tify that (I) (this t the deceased aliv- ve. (I) (well did) (di	e on d not) view the body	4/19_5	3/	nd that in (my) (a or) opinion	5, to death occurre	ed on the date and	hour and from the	that (1) (100) lost couses stated
	Thurles	e? the	la m	0	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	54	Am 85
22d PHYS	Poneld	E. D. llon,	M.D.		22e ADDRESS 2901 11/1	Olne	med :	20832	7 Rd
A C DC C IF III	REMATION, REMO Burial	236 DATE 4-9-8	230		emetery or crematory	ry Sar	ortown ndy Sprine	g, Montq	, Md. STATE
24 FUNERAL D	ge R. Sno	wden Ro	6 N. Wash			JE REC'D. BY	REGISTRAR 256. REG	GISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



128118	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	. 0	
	1. DEC	CEASED NAME EIRST		WIDDLE	l.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR	-
1 16	1177	ETHE	LDA	VIRGINIA		HILT	April 14,		4:35 a M	
	3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR IF UNDER 24 HRS	
	1	Female	Whit	e	Nove	mber 27, 1920		YRS		_
8 52 /9/2	7a_BI	RTHPLACE (STATE OR EOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	EATH	
1 1 1	Mt	. Wolf, PA	USA		WIDOWE	D DIVORCED	Montgomer			_
Of the t		TY OR TOWN OF DEATH Bethesda		The Clini		enter institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIEE) IN	kind of Business or Dustry	
ND 212	120 0	AL RESIDENCE (IF NUR MIGHO 134 C TATE Innsylvania Lar	CLINITY	130. CITY OR TOW Bainbrid	ADMISSION) N ge	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Market St.	ZIP CODE Box 12	79999	7
WIT # 10 / 1/2 / 1	14. FA	THER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
MAM be and and and and and		Libby	M.	Bowle	У	Arbelia	R.		Ambrose	
IMORE,	0	VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (1F YE	ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU		Mr. Danie	ADDRI 1 R. Hilt (Same	
rtificate b physicia on papers emaval.		18 CAUSE OF DEATH (Ente	er only one couse pe USED BY: DIATE CAUSE (o)	er line for (o), (b), on RENAL AN	D LIV	ER FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1120 NG PHYSICIAN: The low requires that the death certificate be executed within at hour ottending physician and completely filtre in a sentificate has been signed by the attending physician and completely filtre in as the burduitransit permit. Then please remove corbon papers. Pages 1 and 2 strent to the not Amental Hygiene prior to burial, cremation, or removal. orked at Item 18 shows any injury, or other traumatic event, the medical storian in interest orked at Item 18 shows any injury, or other traumatic event, the medical storian.	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, (c)	OR AS A CONSEQUI OVARIAN OR AS A CONSEQUI	ence of	NOMA	inal disease or con	DITION GIVEN IN	i PART I i a	
L RECORI	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?	-
SICIAN: The physician of physician certificate productrons internal Hygin frem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	PART 2}	-
IVISION VG PHYS ottendir frer this of the but with and Mithough and Mither the but with the b	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY TREET EACTORY DEFICE, F		21f LOCATION STREET	CITA OS 10		OUNTY STATE	
PITAL OR ATTENDID by the haspital or tERAL DIRECTOR. State Dept of Heal ANT: If Hern 21 is m		220 certify that (1) (this has the decylised alive above, (1X-yy) (did) (did			1 N	DEGREE ***/ D. ATTENDING PHYSICIAN [22e ADDRESS Natio	MEDICAL STA DIRECTOR PHYSIC nal Institu	FF CIAN P tes of H	April 14, 19	
O HOS erained TO FUN shauld I		(10520h	MAN	THANK	MO			05		
-1-666	23a. E	SURIAL, CREMATION, REMO	A 17 Per 1991 A			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COL	INTY STATE	_
()()()BP	24.5	Burial	4/17/	85 Ba.	inbri	dge Cemetery	Conoy Tw			
DAMH - 16 50M 1/83 (VRA 15, 4)	24 F	NAME NAME	rullia	ADDREY!	2.	APR	Z2 005 RAR	PSI REGISTRAR	SIGNATURE	=

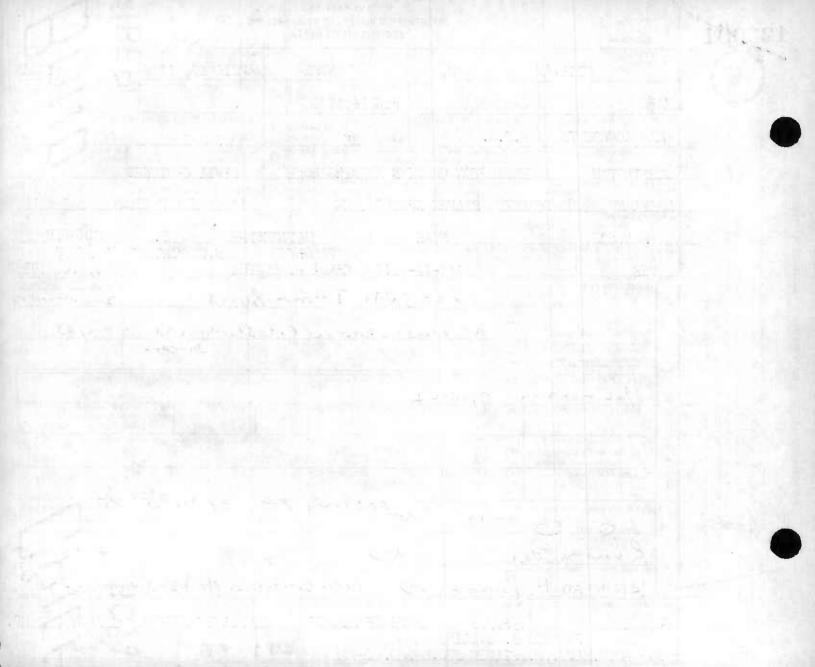


8	1-	FOR STATE REGISTRAR		STATE OF DEPARTMENT OF HEALT DICAL EXAMINER'S			2
102091	{TYI	CEASED NAME FIRST		Richard	Hilton	20. DATE KNOWN DE STI- DEATH MATED	MONTH DAY YEAR 18 HOW
ON STREET	-	ale white		-66 24 YRS.	JNDER 1 YR. IF UNDER 24 H	PRONOUNCED DEAD	MONTH DAY 855 15403
	W	IRTHPLACE (STATE OR DREIGN COUNTRY) ASHINGTON, D.C.	76. CITIZEN OF W	A. WIDO		P. BALTIMORE CITY O	domern "
MAN IS TO THE STATE OF THE STAT	BI	ITY OR TOWN OF DEATH ETHESDA	5801 SUCH	SPITAL, NURSING HOME, OR OT CUITY GIVE STREET ADDRESS) HNSON AVE		USUAL OCCUPATION (1798ELD) ENGINEER	OF WORK 126 KIND OF STUDIOSES COMPUTOR CO.
AND 3 THE ANY DE AND 3 THE ANY DE AND 3 THE ANY DE AND 3 THE AND 3	MA :		WE OR OTHER INSTITUTION, GOUNTY	134 CITY OR IOWN BETHESDA		801 JOHNSON A	VE. 20817
BALTIMORE, MD. 2120 GIVE PAGES 1, 2. AND TITH FORM PM. 3. RETA PAGES TYMD 2. SFOLID INISION OF WAR 1. RETA		ATHER'S NAME FIRST EUGENE	RICHARD	HILTON	JUDITH	ADDRESS	WILSON
JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I'N DIVISION OF	0	MAS DECEASED EVER IN U.S. (15, NO, OR UNKNOWN) (15 YES, O	ARMED FORCES? GIVE WAR OR DATES)	225-11- 7353		AN, WIFE, SAME	AS ITEM #13
NL RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR P. "PENDING" IN PENCIL IN ITEM 18. F. MEDICAL EXAMINER ALONG W EAS AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL CREMATION, OR REMOVAL.	NOI		orde (b) (b) (der Out TO, Of (c) ONS CONTRIBUTING TO GEATH	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISE.		Head.	
OF VITAL RE THE SHOULD THE CHIEF A THE CHIEF A MENT OF HE MENT OF HE TO BURRAL	CERTIFICATION	19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YEAR		NTER MATURE OF INJURY IN ITEM 18 P	20 AUTOPSY? YES NO ART LOR PART 2)
DIVISION HIS CERTIFIC WRITING TH ARDED TO CGE 3 SHOL NTE DEPART	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH P.A	A, 19	OCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 21	A	22a certify that took che death resulted from: N ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	orge of the remains de oturol couses	scribed obove, held on Auto Accident , Suicide (M.D. Homicide U	MEDICAL EXAMINER 1 WISCONS	DATE SIGNED NO.
Bb	(URIAL, CREMATION, REMOVA CREMATION	4/6/85		N CREMATORY	ALEXANDRIA	
DHMH - 17 (VR A15 ME (5))	74 F	UNERAL DIRECTOR RIC	CHARD RAPP		APR	D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE

			Alteria de la compansión de la compansió	
			Auno Pa	
to instead and				
. Ca militaring harmen	an allegated	113 4 11-42		ALL DESIGNATION OF THE PERSON
THEORY AVE, FORTH				ADMARY EV
TOOM AVE. ROOM				
			- hide	
	Free Art care for		and the state of t	2001/04/05
Element of the control	The section date of	CXX -13-03		
	and Similardia at	Δ	C. ADATE	
	and the later of		CLARE CHAREEN	
to an and the second		1510	T (,E,F), . 2	
274				

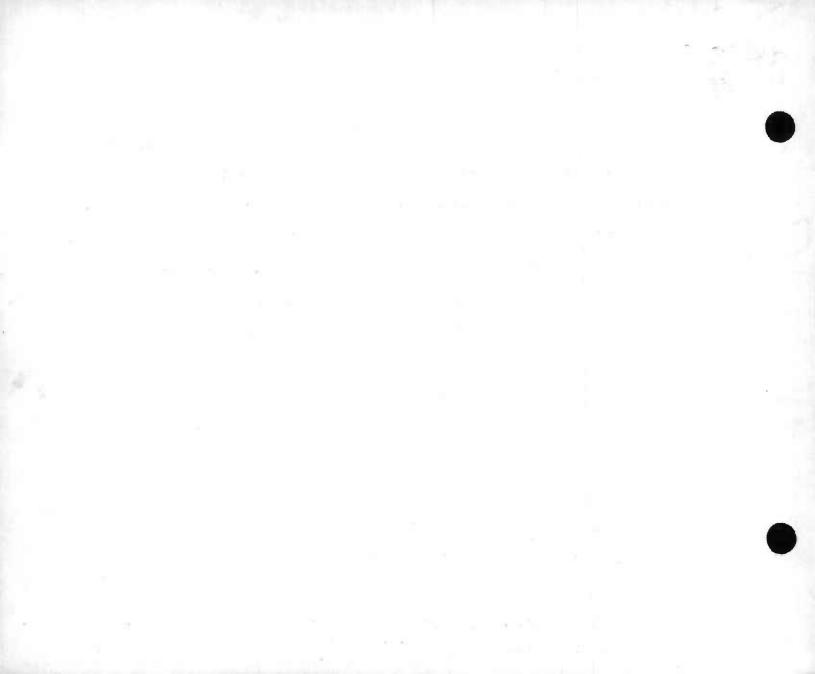
(VRA 15, 4)

		n dine.			
AND DA	Libertali				
		6 (1	al-est		
			Sel	1 44	
			SPACE		



MARKET OF THE PROPERTY OF THE A PROPERTY OF THE PROPERTY A. Coords . The Tunton's The same of the sa This parties a show with the second to the second and second MANTENES OF AND AS HEAD TO SEE THE SEASON OF THE SEASON OF

20	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND A	MENTAL HYG	IENE	REG. NO	. 7	4 4	
116099		CEASED NAME FIRS	,	1	La.	HO 5. DATE C	AST DE BIRTH		20. DATE O	F DEATH 1	HDAY)	YEAR FUNDER 1 YEAR	Th HOUR
h. Poge 4 n	a. Bi	Female RTHPLACE (STATE OR FOREIGH	7b. CITI	QU (Casian VHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED	9 BALTIM	ORE CITY OF	YRS.	OF DEATH	HOURS MIN.
s offer deot	-	ryland TY OR TOWN OF DEATH Letherda	11. NA	ME OF H	OSPITAL, NURSIN		OR OTHER INST	VORCED []	(TYPE OF WO	OCCUPATION ASSISTED	WORKING LIFE	INDUSTRY	HBUSINESS OR
rLAND 212 hin 24 hour of filled in a should be	13a	AL RESIDENCE IN MURSING HO STATE 13b C	ME OR OTHER IN COUNTY		13c. CITY OR TOWI		13d. INSIDE C YES	ITY LIMITS?	8820	ADDRESS / Ridge	ZIP CODE Road	2081	.7
, MARY			Kent	Deres.	Miller 16b. SOCIAL SECU		17 INFORMA	Martha		WIDDLE		linger	1
TIMORE be execu-		VAS DECEASED EVER IN U. VES NO OR UNKNOWN) (IF Y	ES, GIVE WAR OF		217 36 9			ct B. H	oke	8727 H Columb	ayshed	Lane	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 rater this certificate has been signed by the ottending physician and completely filler os the buriol-transit permit. Then please remove corbin rapers. Figure and 2 above the and Mental Hygiene prior to buriol, cremation, or removed or death 18 shows any injury, or other traumatic event the measurement.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	ter only one of AUSED BY: EDIATE CAUS		CARDIAC	ARR	K LIHW	ı A				puller,	MATE INTERVAL ONSET AND DEATH
RESTON deoth ce cortendin nove corb otion, or froumotic		Conditions, if ony, which	ch (AS A CONSEQUE		FAILL	IRE				31	DAYS
s that the ed by the slease remote or other t		cause (o), stating the	ne DL		AS A CONSEQUE		IC ART	ERIAL	DISET	ISE		31	YERRS
RDS, 20 equires in signe Then pl r to buri	NOI	PART 2 OTHER SIGNIFICA	ANT CONDIT	ions <u>co</u>	ENTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR COND	ITION GIVE	N IN PART 1	
AL RECO	CERTIFICATION	19a DATE OF OPERATION	191	. CONDII	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUI YES	OPSY?		WERE FINDING CAUSES	
TYSICIAN: TI ding physici is certificate buriol-transit Mental Hygi Androl Hygin hard Hy	100	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ([IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	OUR A.A	A. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTER P	AURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART ?}	
DINISION C or ottending or ottending After this ce e os the burio of the or Menimorked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	7.61		OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATIO STREET	N		CITY OR TOV	W	COUNTY	STATE
TEND or USe or USe of Heol		sow the deceosed olir obove, (I) (we) (did) (d	ve on	4-	14 19 5	35	4-10 nd that in (my)	, 19 <u>85</u> (eet) opinion o	deoth occur	4 - red on the do			that (I) (we) lost couses stated
AL OR ATTI v the hospit AL DIRECTO deteched for ote Dept. of		22h SIGNATURE	1. 8	inde		40		TTENDING PHYSICIAN	MEDICAI DIRECTO	L STAF		22c. DATE 4-15	
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store E IMPORTANT. If		THOMAS G	. SIN		am, wa		11125		ILLE A	KE, R	ockun	LE M	d. 20852
BP		urial, cremation, remo cremation	1	6,19	85 Met	ropo		remator	ry Al	exandr	-	irgini.	
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	INERAL DIRECTOR ROB			PHREY FUN MARYLANI		HOMES	, 25e DATE	_		1	AR'S SIGNAT	

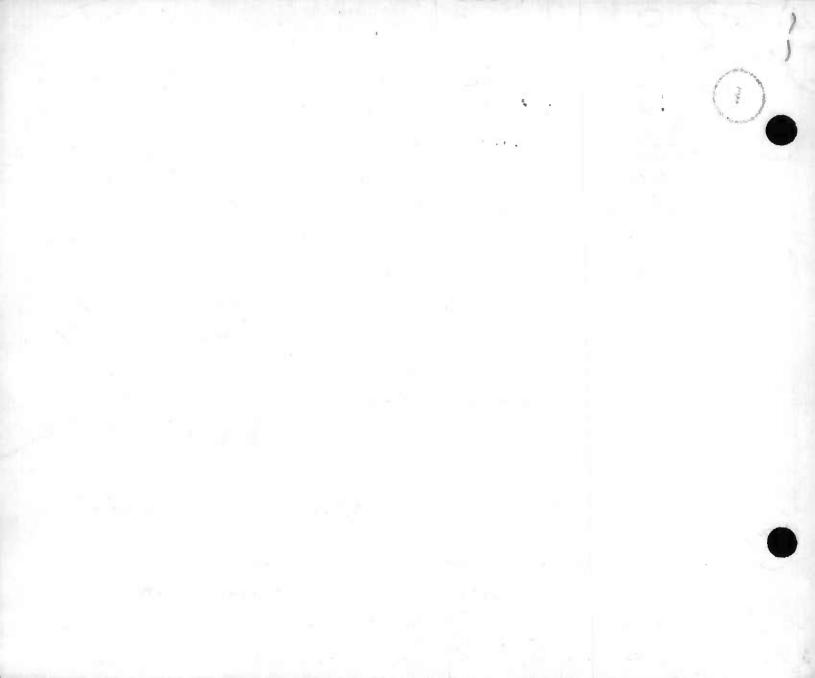


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 2b. HOUR DECEASED NAME EIRST LIYPE OR PRINTS RUTH POST HOLT 1985 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 12- 27-91 CAUCIAN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MUNTGOMERY MICHIGAN DIVORCED [12h KIND OF BUSINESS OR INDUSTRY SILVER CROSS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 134. CITY OR TOWN. 13e STREET ADDRESS / ZIP CODE BRAD FORD 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME GARROD MIDDLE KATE 17 INFORMANT HE VES CIVE WAR OR DATEST BETTE LOU HOLT. 10212 BIG ROCK RD. SSMD 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b) PART I DEATH WAS CAUSED BY Several ardiac IMMEDIATE CAUSE to rdiac Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A GONSEQUENCE OF underlying couse decompens PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196-CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. ... and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE DATE SIGNED MEDICAL ATTENDING PHYSICIAN M DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23b. DATE DHMH - 16 50M 4/83 (VRA 15, 4)



113084	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH		NO.	28	
7		CEASED NAME FIRE	RS1	MIDDLE		AST	20. DATE OF DEATH	нтиом Н		th. HOUR
A # 0				Earl		od. Sr.		4 -	16-85	8 A M
to a fine	1, 56	Male	4 RACE Whi	te	5. DATE C		6. AGE (IN YEARS LAS	F BIRTHDAY) YRS		IF UNDER 24 HRS HOURS MIN.
hearth Pop		RTHPLACE ISTATE OR FOREK COUNTRY) ISSISSIPPI	U.S	· A ·	WIDOWE		9. BALTIMORE CIT Montgon	nery		MD.
100	T	akoma Park	Washin	gybar moye	APPRIST	Hospital	IZO USUAL OCCUP ITYPE OF WORK FOR MO Salesma	ST OF WORKING LIF		BUSINESS OR Ce Center
	134	Maryland	P.G.	13c. CITY OR TOW Lanham		13d INSIDE CITY LIMITS? YES 💢 NO 🗌	13e STREET ADDRES			6
1 16 1/	M. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	E	LAST	
p 28/200	1	Webb		Hood		Minnie			Mille	
and co	160 Y	WAS DECEASED EVER IN L YES NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES) J INKNOWN	578-07-		Jerry Hood			nage Road	
4 000		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter anly ane cause pe			A A	(DOII) Exc	CICOCON	APPROXIMA BETWEEN ON	ATE INTERVAL
tures that the death cert sugned by the attending her please remove corbo to burial, cremotion, as re jury, an other traumatic e	NOI	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause le	ote the ost. (c)_	OR AS A CONSEQUI	ENCE OF	pally andre faile not related to the term	MINAL DISEASE OR C	ONDITION GIV	/EN IN PART 1:a	
A Paris Perior Property of the Perior Propert	TIFICATIO	190 DATE OF OPERATION	1 19P CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES O	
SECIAN T apphysical certificate mial-trami	CAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS. (IF EITHER NOTIFY MEDICAL E.	E OF DEATH HOUR A	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM IB F	PART I OR PART 2)	
offending of the bulk ond M he and M he	MEDIC	21d INJURY OCCURRED HILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
ATTENDIN Ospital er EECTOR, At and far over or of Health		220.1 certify that (1) (this saw the deceased a abave, (1) (we) (did): 22b. SIGNATURE		41 10 19	1	nd that in (my) (our) opinion	death occurred an th	e date and hau	19 the co	
TAL OR by the holy the holy the holy the holy the holy that DIRE MATCHER DIRECTOR DEPT MATCH INCOME.		22d. PHYSICIAN'S NAME	ATMIN OR PRINT	3002		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY		4-16-	85
O HOSPITAL electroned by the thould be debt with the Stote		Fayaz A. Sho	OM for			Prince Scooge		MANG	head etr.	Chevery
ВР		BURIAL, CREMATION, REM (SPECIFY) Burial	4/19	/85 Na	tional	EMETERY OR CREMATORY L Memorial Pa			N/A	Virginia
DHMH - 16 50M 4/83 (VRA 15, 4)		rancis Gasch 739 Baltimor		MODELIS		Α.	PK 1 8 198		***	andelle
							2 7 97		9861 8	VI IV





STATE OF MARYLAND 102037 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) DEATH MATED Houlgate Marie 4. RACE IF UNDER 24 HRS DATE 89 YRS PRONOUNCED 17,1895 June DEAD White Temale BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ostonia, Russia United States WIDOWED X Montgomery O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife 7600 Maple Avenue, #209 at home Takoma Park UAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO [2614-Cathedral Ave., NW 2000 Washington.DC 14. FA. TER'S N. "AE 15 MOTHER'S MAIDEN NAME MIDDLE MIOOLE Vikenti Yewsenevitsch Olga Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 1120-20th St., NW, Washington, D.C. 20036 James R. Michal (Successor Conservator) 579-72-7753 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which generalized arteriosclerosis. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a None 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO X 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 22¢ I certify that I took charge of the remains described above, held an death resulted from: Natural causes Suicide Undetermined monner TITLE (SPECIFY) DATE Deputy SIGNATUR 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. TYPE OR PRINT STATE Lee's Crematory April 2,1985 Washington, D.C. Cremation J. Wim. Lee's Sons Co.300-4th St., NE, Wash., DC20002 DHMH - 17 (VR A15 ME (5))

setale latte ECHEROMOT'S Skors Ferk 7600 Maple Avenue, #209 TARGETTA OF THE STATE OF THE ST ersain Initian (not engere in the prince of the original provident and the Milver Surian, Rod Contery, E. John S. Ropers, K.J. . S. Paris and Inners Cremechod [10 041 2,1965] Leg's Lemmacory J. Jan's Jone Co. S. L. Washington and A. L. S.

		1-	FOR STATE REGISTRAR			EPARTMENT OF	HEALTH	MARYLAND OF THE AND MENTAL HY	DEATH	9 3 REG. NO.	
11:	NECESSARY, PLEASE CONTRIBUTION OF SERVICE PARTIES AND YOUNG FILES. W. PRESTON STREET, CONTRIBUTION OF SERVICE PARTIES AND PRESTON STREET.		EASED NAME (CAL)	PINST PIN A S. DATE MODULO JO	OF BRITH	AGE (H)		DERTYR IF UNDER 2	20 DATE KNO OF EST DEATH MAT	WN MONTH	DAY YEAR 26 HOUR 5 19 85 1017
•	PER	Po Po	RTHPLACE (STATE OR REIGN COUNTRY) TO OR TOWN OF DEATH CHUILLE	II NAM	V, S. AE OF HOSE OF IN SUCH FACE OF GRANT	PITAL, NURSING HOM	WY :	ED DIVORCES		ON (TYPE OF WORK 1)	Y OF DEATH MD 216 KIND OF BUSINESS OR INDUSTRY
MORE AND 3THE	2	13a. S 14. FA 16a. V	THER'S NAME FIRST VAS DECEASED EVER IN	b. COUNTY 1 FATT OF MIDDLE P. MIDDLE U.S. ARMED FORCE	ES?	ERESIDENCE BÉFORE ADMIS- 13c CITY OR TOWN DEK WOO. LAST WILLIAM S 16b. SOCIAL SECURI	D	13d INSIDE (ITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN FRANKIE 17 INFORMANT	MIDDLE	REDLAN DIRESS STAN	WELL
W. PRESTON ST., BALTIM	WITHIN 24 HOURS AF INCLE IN TEM 18. GIV AINER ALONG WITH TRANSIT PERMIT. PAGE VITAL HYGIENE, DIVISI OR REMOVAL.		18 CAUSE OF DEATH PART I DEATH WAS	CAUSED BY: MMEDIATE CAUSE DU , which mediate	(a)	for (a), (b), and (c).)			VBBLE	FRED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201	SHOULD BE E ORD "PENDIN CHIEF MEDIC E USED AS A T OF HEALTH URIAL, CREW	TIFICATION	190. DATE OF OPERATI	ON 19	(c)		MINAL OISEASI	E OR CONDITION GIVEN IN PART AS PERFORMED?	1 (a		20 AUTOPSY? YES \(\square\) NO \(\square\)
DIVISION OF	A GE A GE	MEDICAL CERTIFICATION	218. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA 218. INJURY OCCURRED WHILE NOT W AT WORK AT WOR	USE OF DEATH	e PLACE O	MONTH DAY YEAR HONTH	216. LOG	CATION TREET DSREDLAND	CITY OR TOWN	ATTIC	STATE
•	TAL EXAMINITY THE CERTIFICATION BE RAL DIRECT ATH, WITH THE RE, MARYLATE, MARYLA		22a. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME X	ok chorge of the re	emains desc	ribed above, held on Accident , S	Autop:	Homicide TITLE (SPECIFY)	Undetermined monner MEDICAL EXAMINER	DATE SIGNED	4/1/25
07/84 25M	TO MEDIC TO	1	(TYPE OR PRINT) IRIAL, CREMATION, REN PECIFY) JUNERAL DIRECTOR NAME	RANCICA ROVAL 236 DATE	17/85 ADDRESS	136. NAME OF CE		ADDRESS 820 WE R CREMATORY 250. DATE RE	23d LOCATION CITY OR TOWN COD. BY REGISTRAN AS	COUNT I JOSH REGISTRARS SIG	STATE STATE
	(VR A15 ME (5))	2	C dillor		Carn	esixle 1	Yhal	APP 22 1	0851 Julia Va	Wilder-North	*

SEATH PLACE SATE OF BRITH AGE PRINTED SATE SAT	MODAL		ASED NAME	FIRST	7416	MIDDLE	LAST	20. DATE KNOWN X OF ESTI-		AY YEAR 26 HOUR
Male White Feb. 2, 1954 31 vrs.	10/64							DEATH MATED		
TO THE PROTECTION OF WHAT COUNTRY MARKED SET NEVER MARRIED BATTMORE CITY OR COUNTY OF DEATH TO THE PROTECTION OF T	5				MONTH DAY	YEAR LAST BIRTHDAY) MO		MIN PRONOUNCED		11.1
Silver Spring		a. BIRT	HPLACE (STATE		7b. CITIZEN OF W	HAT COUNTRY?	(70)	9. BALTIMORE CITY O		
BECHYORIOWNOFDEATH IN NAME OF HOSPITAL NURSHING HOME, OR OTHER INSTITUTION IZE USUAL OCCUPATION TITLED WORD IZE WOOD SHORT HOUSENING, OR STREET, OR STREET HOSPITAL IZE WOOD SHORT HOUSENING, OR STREET, OR STREET HOSPITAL IZE WOOD SHORT HOUSENING, OR STREET, OR STREET HOSPITAL IZE WOOD SHORT HOUSENING, OR WO	2//				U.S.				– v Count	-V 44D
OSUAL RESIDENCE PIN INCREMENT THE COLUMN THE CONTROL OF COLUMN THE COLUMN	5/ 010	. CITY	ORTOWNOF		11. NAME OF HO	SPITAL, NURSING HOME, OR O		120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	E OF WORK 12b	KIND OF BUSINESS OR INDUSTRY
Thomias J. Hudson Ruby J. McClain No No Social Security No Diagnost Into Social Security No Diagnost Into Social Security No No No Death No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No Death State Of Condition Social Security No No No No Death State Of Condition Social Security No No No No Death State Of Condition Social Security No No No No Death State Of Condition Social Security No	The state of the s	SUAL a STA	RESIDENCE (IF IF	NURSING HOME O	R OTHER INSTITUTION, C	IVE RESIDENCE BEFORE ADMISSION)	13d_INSIDE CITY LIMITS?	13e STREET ADDRESS		
Thomas J. Hudson Ruby J. McClain 166 WAS DECEASEDEVER IN U.S. ARMED FORCES? 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 187 SOME AS DECEASED WERE IN U.S. ARMED FORCES? 188 SOCIAL SECURITY NO. 198 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cocaine intoxication DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 7 DIRECTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a). 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 199 CONTRIBUTING CAUSE OF DEATH 190 CONTRIBUTING CAUSE OF DEATH 191 INJURY OCCURRED 210 PLACE OF INJURY HOUR AM. MONTH DAY YEAR 190 CONTRIBUTING CAUSE OF DEATH 191 INJURY OCCURRED 211 PLACE OF INJURY (A) HOME. 212 PLACE OF INJURY (A) HOME. 213 Lertify that I took charge of the remains described above, held an Aurophy Assistant MEDICAL EXAMINER SCHARLUS CONTRIBUTION ON THE COUNTY OF A COUNTY ON THE COUNTY OF A COUNTY ON THE C				MOH	Romera	PITAGE PETER			I INCL.	20906
NO ON OF COUNTY THE CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c))	51		FIRST					_	M-G	
NO None 509-58-5590 Nancy L, Hudson (Wife) Same as # 13. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY. COCAINE Intoxication PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if ony, which gave rise to immediate cause (o) stoling the under-lying couse lost (c) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 DIRER SIGNIFICANT (DNDITION GIVEN IN PART I (a) PART 2 DIRECT SIGNIFICANT (DNDITION GIVEN IN PART I (a) PART 2 DIRECT SIGNIFICANT (DNDITION GIVEN IN PART I (a) PART 2 DIRECT SIGNIFICANT (DNDITION GIVEN IN PART I (a) PART 2 DIRECT SIGNIFICANT (DNDITION GIVEN IN PART I (a) PART	16	a W/	S DECEASED EN		AED FORCES?					Lain
TOTAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	/		_			509-58-5590	Nancy I.	Hudson (Wife) S	ome ac	# 13
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DIRECT SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ig. 180. DATE OF OPERATION 180. DATE OF	/	Ť					I wancy 11.	irauson (wire) b	T	APPROXIMATE INTERVAL
TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-2-85 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn St., Balto., Md. 21201	TION	-			(c)	BUT NOT RELATED TO THE TERMINAL DIST	ASE OR CONDITION GIVEN IN PA	RT 1 (a)		
TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNED 4-2-85 EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201	CREWA	NO								
ACTUAL SCHARLER SIGNED 4-2-85 EXAMINER'S NAME AND M. DIXON, M.D. ADDRESS 111 Penn St., Balto., Md. 21201	The Charles	CATION		PERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		2	
ACTUAL SCHARLER SIGNED 4-2-85 EXAMINER'S NAME AND M. DIXON, M.D. ADDRESS 111 Penn St., Balto., Md. 21201	BORIAL, CREWA	ERTIFICATION	9a. DATE OF OP					D LENTER NATURE OF INJURY IN ITEM AN		
TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-2-85 EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201	7	AL CERTIFICATION	190. DATE OF OP	AUSEWAS	21b. TIME O	DE INJURY M. MONTH DAY YEAR		D GENTER NATURE OF INJURY IN ITEM 18 R		
ACTUAL MAD ASSISTANT MEDICAL EXAMINER SIGNED 4-2-85 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn St., Balto., Md. 21201	201 PRIOR TO BURIAL, CREMA	MEDICAL CERTIFICATION	No. DATE OF OP	AUSE WAS OR CAUSE OF D URRED	21b. TIME O HOUR A./ PEATH P.A 21e PLACE	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (ATHOME. 211	HOW INJURY OCCURRE		PART 1 OR PART 2}	YES 🗶 NO 🗌
ASSISTANT MEDICAL EXAMINER SIGNED 4-2-85 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn St., Balto., Md. 21201	AND, 21201 PRIOR TO BURIAL, CREMA	MEDICAL CERTIFICATION	190. DATE OF OP THE EXTERNAL C JINDERLYING CONTRIBUTING THE INJURY OCC WHILE AT WORK 270. I certify the	AUSE WAS OR CAUSE OF CONTROL OR CAUSE OF CONTROL OF CON	21b. TIME O HOUR A./ P./ 21e PLACE STREET, FAC	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) SESCRIBED above, held an Automatical Aut	HOW INJURY OCCURRE	CITY OR TOWN	PART : OR PART 2)	YES 🗶 NO 🗆
EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201	NKTLAND, 21201 PNOK TO BURIAL, CREMA	MEDICAL CERTIFICATION	190. DATE OF OP THE EXTERNAL C JINDERLYING CONTRIBUTING THE INJURY OCC WHILE AT WORK 270. I certify the	AUSE WAS OR CAUSE OF CONTROL OR CAUSE OF CONTROL OF CON	21b. TIME O HOUR A./ P./ 21e PLACE STREET, FAC	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) SESCRIBED above, held an Automatical Aut	HOW INJURY OCCURRE	CITY OR TOWN	PART : OR PART 2)	YES 🗶 NO 🗆
23 RURIAL CREMATION REMOVAL 236 DATE 22 NAME OF CEMETERY OR CREMATORY 236 LOCATION	CE, INVALIDATION, ALGOI PROPERTY, CREWA	,	19a. DATE OF OP The EXTERNAL C UNDERLYING ONTRIBUTING I'd INJURY OCC WHILE AT WORK 22a certify the	AUSE WAS OR CAUSE OF CONTROL OR CAUSE OF CONTROL OF CON	21b. TIME O HOUR A./ P./ 21e PLACE STREET, FAC	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) SESCRIBED above, held an Automatical Aut	HOW INJURY OCCURRE OCATION STREET Inspectio Homicide TITLE (SPECIFY)	CITY OR TOWN In	COUNTY	YES NO STATE
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN STATE Burial April/5/85 Parklawn Memorial Park Rockville, Mont. To., Marylan	IEK DEATH, WITH THE STATE DEPARTMENT OF HEALTH A LTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMA	1	190. DATE OF OP 100 EXTERNAL C JUNDERLYING CONTRIBUTING 11d INJURY OCC WHILE AT WORK 220 I certify th death resulted I	AUSE WAS OR CAUSE OF CURRED OT WHILE T WORK hot I taak chorg	21b. TIME C HOUR A./ P./ 21e PLACE STREET, FAC e al the remains de al couses X.	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) escribed above, held an Autorident Accident Suicide	HOW INJURY OCCURRE OCATION STREET OPSY X. Inspectio Homicide TITLE (SPECIFY) M.D. ASSISTANT	CITY OR TOWN In	COUNTY d in my opinio	YES № NO □ STATE

I TOTAL THE STATE OF THE PARTY OF THE PARTY

SECTION OF THE PARTY AND THE PARTY AND AND ASSESSED.

and the grade to be stored to be an expense.

_lelia

101058

STATE OF MARYLAND

1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O.
(Typ	E OR PRINTS	rst A	H. H	funt	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 3-85 1000
3. SE	emale	Cauca	sian S DATE C		6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
P	IRTHPLACE LUATE OR FORE COUNTRY) CONSY UAN ITY OR TOWN OF DEATH	ia U.S	OSPITAL, NURSING HOME C		Monta 120 USUAL OCCUPATI	
8	ilver Spi	TOU	FACTO GIVE STREET ADDRESS)	spital	housewi	re industry home
14	md I	modyomery	3. CITY OR TOWN	134 INSIDE CITY LIMITS?		rigor Dr. 20895
1	Fred	WIDDIE	Holmes	Grace	WIDDIE	Owens
16a \	MAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 154-09-9118	Nelson Y, I	Hunt same as	
	PART I. DEATH WAS	MEDIATE CAUSE (a)	Stroke			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F	Canditions, if any, w gave rise to immed cause (a), stoting underlying cause	hich (b)	AS A CONSEQUENCE OF	Cancer		4 450.
NOI	PART 2 OTHER SIGNIFICANT	any conditions co	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATIO	N 19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO 🏝	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL)	SE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WEAK		DE INJURY SET, FACTORY, OFFICE FARM, ETC.)	711 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	270.1 certify that (1) (the sow the deceased above (1) (we idid)	is haspital) attended the	11/3 2	nd that in (6) (our) apinian	death occurred on the de	ate and have and from the couses stated
	176 9GNATURE	She se =		DEGREE ATTENDING	MEDICAL STAI	FF 27. DATE SIGNED

SHERER

MD

23a. BURIAL, CREMATION, REMOVAL (SPECI) Cremation

236. DATE 4/4/85

13c NAME OF CEMETERY OR CREMATORY
Cedar Hill Crematory

77e ADDRESS

Stitland, Maryland

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

1331 Rockville Pike, Rockville, Maryland 20852

American and the

of the control of the

1804 T ST., N.W., WASHINGTON. D.C. 20009

STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

CERTIFICATE OF DEATH

AN VEHI	1965 A. 1965	Ank	MI le	Constant.		
		1 22, 1928		Tie	3.1/4	
	TE UNAPPROH			.1.0		
.2743.2.0	AMERICAN MARKETON		evin - have		ABITYNOW.	
02805 21	TO TOOK FUNDER THE		STATY WOL		et. mu	
SUP DEN		Marie	c c		.".	
	di on the Avila					
much	Jacky .	660				
4/23/85						
		eachd hasel	econolii ee			

7	
2	
ARYLAND 212	
\equiv	
2	
È	
BALTIMORE	
2	
BAL	
2	
S	
Ö	
PRESTON ST	
3	
, 201	
RDS,	
ECO	
-	
9.	
5	
ö	
DIVISION OF VITAL RECORDS,	
≥	

STATE OF MARYLAND

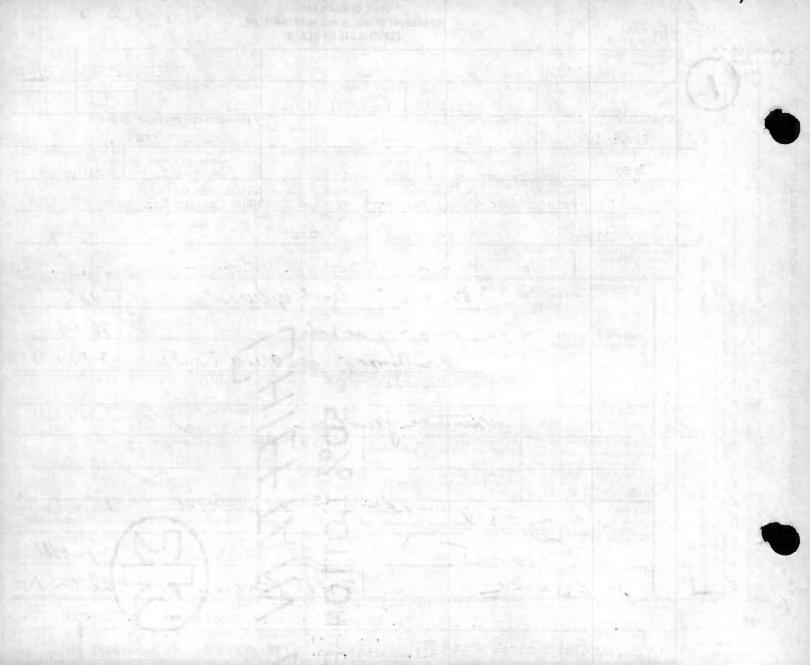
DEPARTMENT OF HEALTH AND MENTAL HYGIE	0.00
	NE.
CENTIFICATE OF BEATH	-
CERTIFICATE OF DEATH	

1	1-	FOR STATE REGISTRAR	DEPARTN		EALTH AND MENTAL HYG		•		
- 1	1. DEC	EASED NAME FIRST	MIDDLE		AST	REG. NO 20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR_
	[TYPE	GEORG	SE IN	CAL	A		4 24	15	1055 P
- 1	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRE	HDAY) IF U	NDER I YEAR	IF UNDER 24 HR5
И	I	Male	Oriental V	Jan.	40 40-0	53	YRS.	THS DAYS	HOURS MIN.
1	7a BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	DEATH	COUNTY
2		lifornia	United States	WIDOWE	DIVORCED	KONT	SOHI	ERY	MD.
0	B	YOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSINGE THE TREET IN SUCH FACILITY GIVE STREET IN	PORESS)	HOSP	TYPE OF WORK FOR MOST OF Engineer	ON WORKING LIFE)	INDUSTRY	BUSINESS OR neering
5	13a S	TATE 1136 COUN	rother institution, give residence before NTY 13c. CITY OR TOWN tgomery Bethes	V	136 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / 6001 Cha		h Lar	ne/20814
1		THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
0]	Tokaichi	Inada		Ishino			mida	
1	160 W	(AS DECEASED EVER IN U.S. AR	VERTAL ORD DATES		17 INFORMANT	ADDRE		_	
٤.		res 1955	5-1957 287-26-	9178	Hanako In	ada, same	as #1		
		18 CAUSE OF DEATH (Enter or	nly one couse per los for (o), (b) one D BY:	hield (7. 1.	/		BETWEEN OF	NATE INTERVAL
			TE CAUSE (0) XJC Len	11C	ardiomyopo	(uy		34	lars
			DUE TO, OR AS A CONSEQUE	NCE OF	0	7			
		Conditions, if any, which gove rise to immediate	(6)						
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	nce of					
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	ITION GIVEN	IN PART Ito	
	NO	Diebites M	1ellitus						
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W		
	E					YES NO	YES [_	NO D
9	3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LIGHT A 11 MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TIN ITEM 18 PART	FOR PART 2)	
-	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	WEDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	~	AT WORK AT WORK			1/2	11/	47	- 1 Pm	
		,	ital) attended the deceased from		7122 19 73	, to	19.	<u>, 1</u>	hot (I) (we) lost
			ot) view the body ofter death.	, ,	nd that in (my) (our) opinion o	seom occurred on the do	te ond hour ar		
		226 SIGNATURE	e Euro	3	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	f IAN []	12. DAJES	7/15
1		224. PHYSICIAN'S NAME (TYPE C	OR PRINT)		1	Democrac			-
		MICHAEL	EMMER MI)		esda, Mar		2081	17
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION			
		Tremation	28, 1985 Me	_	olitan Crem				
			rt A. Pumphrey			REC'D. BY REGISTRAR		No.	
			ethesda, Maryl			1 1985 4	a David	son-Acn	dree

DHMH - 16 50M 4/83 (VRA 15, 4)

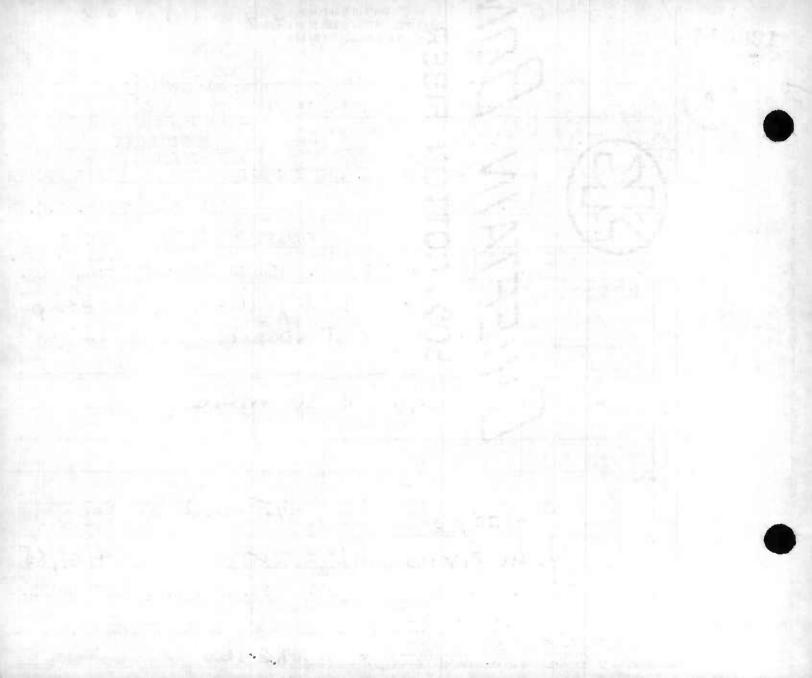


8	ĺ.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL-HY	GIENE 1 1 9	3 6
	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2211		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
å \		Evelyn	E	Insley	APRIL 2	28,1985 8:55AM _M
Prug	3. SE	x	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
direct direct		female	White	Jan 31 1904	81 YRS.	10101111
h. P.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
deo de	10.0	Virginia ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED DIVORCED	Montgomery Cour	129, MD.
offer the			(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
ours e file	PUSU	AL RESIDENCE HE NURSING HOME OR	Montgomery Gene other institution give residence Bero NTY 136. CITY OR TO	ral Hospital	Housewife	l own home
24 ho	Ma	ry Land Prince	e Georges Colle	ge Park YESX NO L	13e STREET ADDRESS 4804 Laguna Road	20740
completely 1 and 2 sh	14. F.	THER'S NAME FIRST William	MIDDLE LAST COTY-1	Is. MOTHER'S MAIDEN NA FIRST Minnie	MIDDLE	Johnson
d con	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC		ADD254309	Hanson Road
e execu	Y		/A 214-74-	7413 Charles C. I	nsley-son-Gaithe	rsburg, Md. 208
physicio npopers. movol.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	lly one couse per line for 101, (b), o D BY: Shork	nd (c).	Pune	BETWEEN ONSET AND DEATH
ng pl bonp reme			E CAUSE (o)	and non fare		907.
oth condition of our or		Condition of Dist	DUE TO, OR AS A CONSEOU	JENCE OF		96 hr.
movinotion trou		Conditions, if ony, which gove rise to immediate	(b)	a por		1
by th ose re l, crer		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	servery pand	rend chiets.	2+ months
uires the signed ten plea planto puro, or ury, or	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BUT HE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1/0
been mit. The prior to ony in	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
0 c 0 d c 3	E E		Ol Stany, W	Jaurdice		FYING CAUSES OF DEATH?
ding physicio provide buriol-tronsit Mentol Hygie	E E	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
SICIAN: ng physical certification violation Hyperical hy	A	OR CONTRIBUTING CAUSE OF DEA		19		
HYS con it was con it	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	city of 10 km	STATE YTHUGS
G P offer the sthe	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	. 7	(0.55174)
or or see of the month of the see		733	tol) ottended the deceased from	April 1/ 19 //	10 4/25	19 that (1) we) lost
TOR for u		sow the deceased olive on	t) view the body ofter death.	, and that in (my) (our) opinion	deoth occurred on the date and have	ur and from the causes stated
REC Hed hed bed.	100	22b. SIGN TURE	view the body offer deom.	DEGREE		22c. DATE SIGNED
the of the state o		12x	un 5	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/28/80
HOSPITAL ned by 11 FUNERAL old be det on the State of the		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS		1.1.1
		M. EILH	uen	3915 19	Enima ph.	Whenton My
Of of Standard	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Burial		Ft. Lincoln Cemeter	CITY OR TOWN	. Georges Md.
HMH - 16 50M 4/B2		UNERAL DIRECTOR	118		TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	H	ines/Rinaldi Fu	meral Home Sil	. Spring, Md. API	R 30 1085	widson-handell



1170 ROCKVILLE PK

(VRA 15, 4)



FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	0.			
Т	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	April 2	2.	1985		9:45

NEO 13 INAIN			REG. NO.	
1 DECEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
Edith	May	Jackson	April 22, 1	.985 9:45A
3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Dec. 11, 1890	94 YRS	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? B MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COUNT	Y OF DEATH
New York	U.S.A.	WIDOWE DIVORCED	Montgomery	County M
ilver Spring	Randolph Hi	11s Nurs. Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	125 KIND OF BUSINESS OF HOME
		TOWN 138 INSIDE CITY LIMITS	5424 Roosevel	t St. 20814
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	IAST
Henry	W. Moli		•	Adam
WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!		E. Jacksons (so	
NO (YES NO OR UNKNOWN) (IF YES G	218-5	6-3803 11011 Tro	y Road, Rockvil	le,Md.20852
18 CAUSE OF DEATH (Enter of	only one couse per line for AL (b	and a		APPROXIMATE INTERVAL
PART I. DEATH WAS CAUS	ATE CAUSE (o)	FIRATORY FAC	CIRE	MUNTES
Conditions, if ony, which	DUE TO, OR AS A CONS	MANDEY FORW	A	11 DAG 5
gove rise to immediate	(b)	WINITY ENCION	<i>y</i>	7 441.
couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSI	SAGAD CIRCULA	TORY FAICCRE	= 2UKS
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART 110
ORGANIC	BRAW SYL	NROME - ARTER	WSCIFROSIS	
ORGANIC 19d. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE	HICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
Ě				IFYING CAUSES OF DEATH?
218. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
OR CONTRIBUTION CALLER OF D		DAY YEAR		
(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF		CITY OF TOWN	COUNTY STATE
AT WORK AT WORK			- 10	
22a.1 certify that (1) (this has	oital) attended the deceased fr	n:	J 10 4 12	., 19, that (h (we) lo
obove, (I) (was (did) (did)	n 4/8	19.3 , and that in [my] (our) opini	on death occurred on the date and ha	our and from the couses stated
273 SIGNATURE	111	DEGREE		22c DATE SIGNED
Muyull	destal	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/22/85
774. PHYSICIAN'S NAME (TYPE	ORMANI	22e ADDRESS	2 00.0112	
Richard P. De	laney, M.D.	4323 Havard	d Street, Silver	Spring, Md. 209
30. BURIAL, CREMATION, REMOVA	L 23b DATE	73c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
Cremation	4/23/85	Lee Crematory	Washington.	D.C. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic around be detached for use as the burial-transit permit. Then please remove carban page.

TENDING PHYSICIAN: The low

retained by the haspital or attending physician.

BP

To Trovisions the glocked for use as the burial-transit permit. Then please remove or though the stocked for use as the burial-transition.

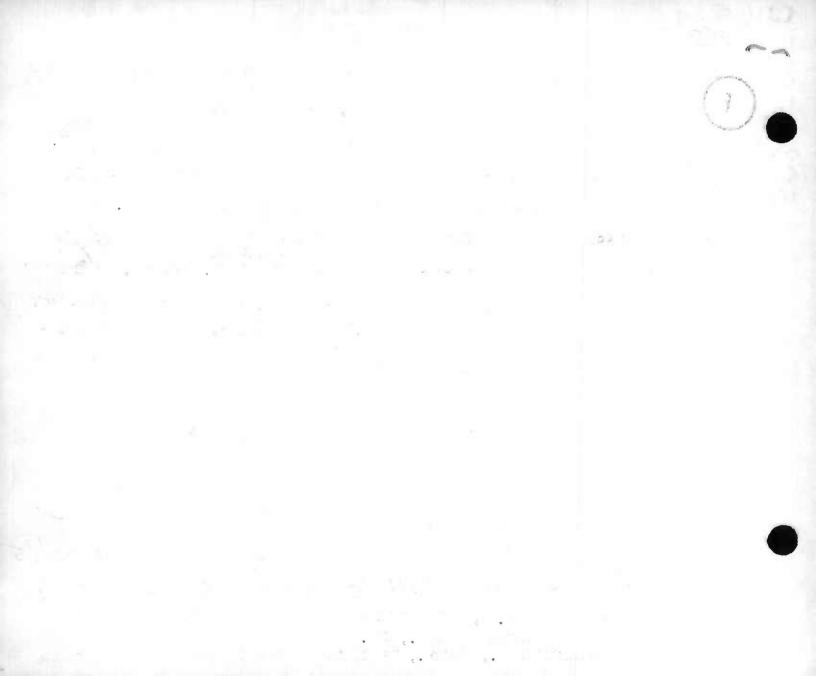
OFTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event,

4/23/85 Lee Crematory 316 E. Diamond Ave. Gaithersburg, Md.

Washington, D.C.

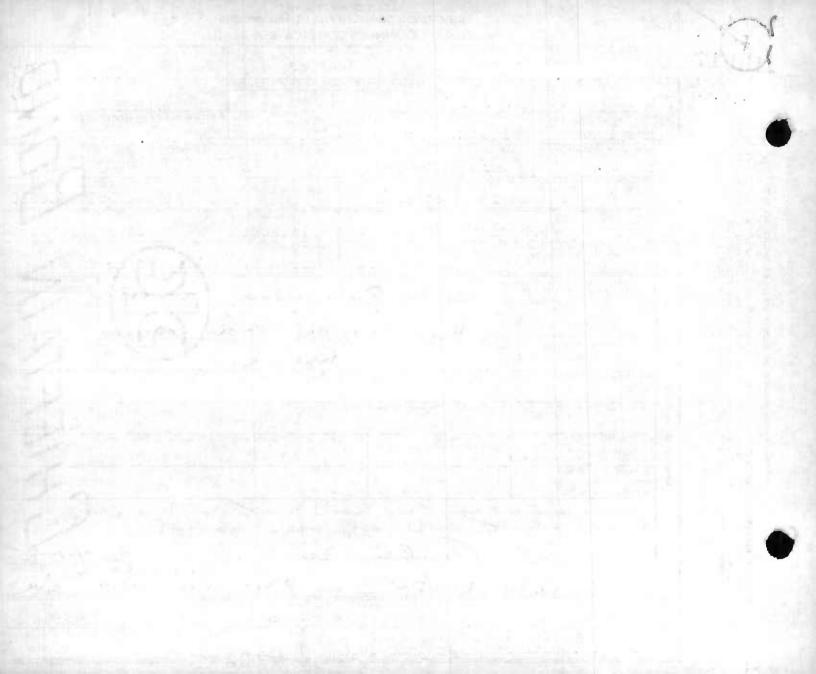
APR 26 1985 R 256 REGISTRAR'S SIGNATURE SEREN Son Jackson Part 22, the State 504 Contenant County and a pleasure of another test to be an and to the Li. Contempore Pet est x . 542 .co-evalt St. 20114 tears in the contract of the c The delivery bear to the term oclosing to the second 보기요그 나무장 그 경에서를 다 겠다. the consequence of the formation and the consequence of the consequenc we three widison limeral limin 316 . stanona eve, Galthershire, ild. see annext

121037		500					OF MARYLAND	8	5	1 9	3 9	
6	1 -	FOR STATE			DEPART		EALTH AND MENTA		ENE			
	1 DE	REGISTRAR CEASED NAME FIR			WIDDLE		AST		REG. NO 20 DATE OF DEATH	D. MONIN DA	AY I YEAR	Zh HOUR
e & £		OR PRINTS	Ocro	4	(x/x)		cobson		April	1/21	195	1117 Pm
y and	3. SE			RACE	-	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
do Je 4		WALE		WHITE	3	MAY	17, 1893 YEA	AR	91	YRS	ONTHS DAYS	HOURS MIN.
o B		RTHPLACE (STATE OR FOREIC	3N 76.	CITIZEN OF	WHAT COUNTRY?	2.	NEVER MARRIE	р□	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
oner oner	İ	RUSSIA		USA		WIDOWE	DXX DIVORCE	D 🔲	Mon	4-50M	wy	CO. MD.
the the the	10. CI	TY OR TOWN OF DEATH	111		HOSPITAL, NURSIN HEACILITY, GIVE STREET		R OTHER INSTITUTIO	N	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	DN WORKING LIFE)	INDUSTRY	OF BUSINESS OR
by the filed	P	estusda. W	17	Subi	whom	Hos	oital		MERCHAN	1	RETA	IL
LAND 212 In 24 hou Ily filled in should be				OMERY	SILVER S	PRING	13d. INSIDE CITY LIMI	ITS?	8107 EAST	ZIP CODE ERN AV	E. #2	0910
RYLA within within d 2 sho	_	THER'S NAME					15. MOTHER'S MAIDE		NE .			
E, MAR		JACOB	MID	DIE .	JACOBSON		ETHE		MIDDIE	1	SNERO	
MORE, M. e executed n and camp Pages I on		VAS DECEASED EVER IN U		D FORCES?	166 SOCIAL SECU	JRITY NO.			JACOBSON	SS		
be exection and c		NO	163, 6776 17	an on oares,	219-32-0	642	10937 A	MHER	RST AVE. W	HEATON	,	20902
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or afterding physician. When this certificate has been signed by the attending physician and completely filled in by os the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled than and Mental Phygiene prior to buriol, cremation, or remandal. The control of the last power of the properties of the prop		PART I. DE ATH WAS O	AUSED 8	one couse per BY: CAUSE (b)	line for (o), (b), or	d (ci.)	sculor	0	will	3/	BETWEEN O	MATE INTERVI
STON S tending re carbo an, ar re		Conditions, if any, wh	ich (DUE TO, O	AS A COPISEOU	ENCY OF	Herips	16	mass!		1-21	en
the di the at removi		gave rise to immedia cause (a), stating	ote the	DUE TO, O	Macandop	FICE OF	20114	1			0-9	las
on or at		underlying couse la		((c)	ance	- Cu	account to	0			1	
quire quire squire fhen p to bu	Z	PART 2 OTHER SIGNIFIC	ANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMI	NAL DISEASE OR CONI	OITION GIVE	N IN PART II	a
been brior	CERTIFICATION	19a DATE OF OPERATION	1	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20e AUTOPSY?		WERE FINDING CAUSES	
ALR The Id	Ë								YES NO	YES		NO [
J OF VITAL J OF VITAL Og physician g physician rectificate h riol-transit p entol Hygere frem 18 sho,		21a. ACCIDENT WAS UNDERLYST OR CONTRIBUTING ☐ CAUSE		21b. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c HOW INJURY O	OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	RT I OR PART 2)	
PHYSICIAN: ending physic this certifical this certifical and Memoral Hydron de Hemman de H	MEDICAL	(IF EITHER, NOTHY MEDICALE)		P.		19						
/ISIOI Frending fre by and W	MED	21d INJURY OCCURRED		(AT HOME, STE	OF INJURY REET EACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	,	CITY Of 10	1/ -	FUNITY	STATE
DING or a or Afte alth mark		22a certify that (I) (the		nttended to	e deceased from_	a	10	76	to Z	CA	0	that (I) (wast
TEN ortol or us		taw fluiteceased a about (1 (we) (did)			-	5 , ar	nd that in My) our of	piniond	eath accurred on the do	ate and hour	and from the	couses stated
OR ATTEN DIRECTOR. Sched for und Dept. of He		77% SKAPURE	aia non)	The boday	orregaearn.	0	DEGREE				22c. DATE	SIGNED /D -
At O the At D detac of the D o	4	1003	1//	M	1	K	ATTEND PHYSIC	IAN D	MEDICAL STAF		14/	57/13
TO HOSPITAL OR retained by the h TO FUNERAL DIR should be detected with the Store Dep		PHYSICIAN'S NAME	(TYPE OR PI	WAR	D 6	160	220 ADDRESS	in	Both	leks	200	217
Of Odd A	23o. f	BURIAL, CREMATION, REM	IOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATEMUNAH	TORY	23d LOCATION	DE		ARYLAND
BP		SPECIFY)BURIAL		APR.23	-				DATPINC	IKE		
DHMH - 16 50M 4/83					N & BROS				REC'D. BY REGISTRAR			
(VRA 15, 4)	_	6010 REISTER	STOW	N RD.,	BALTO.	, MD	21215	AP	R 2 6 1985	a and	avidron_	Rando 82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENCAL HAGIENE 112045 1- STATE REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) KOBERT DEATH MATED AGE (IN YEARS 3 SEX 2c. DATE LAST BIRTHCIAY) PRONOUNCED 2.5 YRS DEAD Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Mechanical Engineer Apartment BETHESDA 13d INSIDE CITYLETMITS? GAITHERSDURG YES NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jarvis William Theresa Devine 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 10916 Lorre Drive (YES, NO OR UNKNOWN) THE YES GIVE WAR OR DATES! 097-52-5736 Susan C. Jarvis Rockville, Md. 20852 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CARDIO PULMON Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO F 710 EXTERNAL CAUSE WAS 716. TIME OF INTURY HOUR AM MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211. LOCATION 21d INJURY OCCURRED AT WORK AT NOT WHILE GAITHERS PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 228 I certify that I took charge of the remains described above, held an Autapsy Hamicide Undetermined manner EXAMINER'S NAME 8200 WISCONSIN 230 BURIAL, CREMATION, REMOVAL 238 DATE 23c. NAME OF CEMETERY OR CREMATORY 4/13/85 Gate of Heaven Silver Spring, Maryland Burial 07/84 74 FUNERAL DIRECTOR Tyson Wheelers Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 1331 Rockville Pike Rockville, Maryland 20852 (VR A15 ME (5))

tones of the control diese primes a santon asalle Harris Harris and the contract of the land land



100040	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO.	9 4 2
126048	PECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 2b
D 000	Twin A Johnson 4	19 83 1230 AM
E 0 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Poge 4 director nours oft	F Black 4 18 85 O YRS	
Pod di	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	ITY OF DEATH
		onery MD.
Sold the factor of the factor	CITY OR TOWN OF DEATH 11/ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11/ OF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12/ USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed than 24 hours special and cognitively filled in try open. Pope 1 and 2 th old be fill ord. If the medical examinements have to	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 134. CITY OR TOWN YES NO 12. 33. STREET ADDRESS ZIP CO YES NO 15. MOTHER'S NAME IS. M	DE Ale
IMORE, MA	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ohnson
the death certification of transfer corbon premiore certification premiore certification premiore corporation premiore corporation premiore certification premiore certification premiore corporation premiore corporation premiore certification premiore corporation premiore corporat	PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH B. A. Y. L. (2 hgs.)
201 W ces that ned by please vrial, cr	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF	CINENT INT DADY 1
		SIVER IN PART ITO
he low re on. has been to permit. T ene prior	YES NO X	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
VITAI NN: Th hysicro irconsit Hygie	OR CONTRIBUTING CALLES OF DEATH MOUN A.M. MONTH DAY TEAK	8 PART I OR PART ?)
ON OF IYSICIA ding ph ding ph buriol-tr Mentol	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION DING PHYS or other this can the bury of the b	Continuous Choice of Death P.M. 19	COUNTY STATE
D VOIN	220 certify that (11) This hospital) attended the deceased from 4118183 1985 to 419	
TTEN Portol for u	saw the deceased alive an 4119 . and that in my our opinion death occurred an the date and habove (1) (1) e) (did) did not) view the body after death.	nour and from the causes stated
OR A DIRECT DIRECT DORECT DEPT.	226 SIGNATURE DEGREE	224 DATE SIGNED
	Jennal Werson MS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/19/85
HOSPITAL med by the FUNERAL uld be definite Store	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
TO HOSPITAL retained by 1 TO FUNERAL should be defi with the State	Leonard E. Weisman MD	
5 € 5 # 3 ₹	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Removal 4/25/85	STATE STATE
DHMH - 16 50M 4/83	FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	
(VRA 15 4)	Anatomy Board Balto Md Min 2 U 1802 Time	Durgon-Randell



126050	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEA	F MARYLAND LTH AND MENTAL RYG ATE OF DEATH	REG NO	1943	\$.: _= = ·
RAGUUGU		CEASED NAME FIRST	MIDDLE	LAST	- N		MONTH DAY YEAR	2b HO1
ay be age 3 death	(TYP)	OR PRINT)	3. 3	2/200			4 1985	5.0 AM
page r dear	3. SE	1 W 1	RACE	S DATE OF B	IRTH	6 AGE (IN YEARS LAST BIRT		R IF UNDER 24 HRS
ctor.		R	Black	MONTH	19 85	0	YRS DAYS	2 S
o 52 27		RTHPLACE THATE OF FOREIGH	b. CITIZEN OF WHAT COUN	MARRIED (NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	
	15	wer soring		WIDOWED [(Non	gomery	MD.
10	S	liver Sonna	1. NAME OF HOSPITAL, N IF NOT IN SUCH FACHITY, GIVE		OTTA!	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126 KIND	OF BUSINESS OR Y
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate resource within 24 hours of otherding physician. When this certificate has been somed by the amending physician of certificate has been some by the amending physician permit. Then please semps salphopped thous 1 and 2 mond be fill the and Mental Hygiene prior to build all comments are manifold.	USU 13a.	AL RESIDENCE (IF NURSUNG HOME OR OF STATE 126 COUNTY)	THER INSTITUTION GIVE RESIDENCE	TOWN 13	d. INSIDE CITY LIMITS?	13ª STREET ADDRESS	ZIP CODE	1906
AL A AS A	[4, F/	THER'S NAME	,	15	MOTHER'S MAIDEN NA			
AA SOL	V_{\setminus}	10 To E ANG	LOUKKU LAS		Joanna	WIDDLE	Johns	AST
# (a a) B		VAS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SOCIAL	SECURITY NO. 17	INFORMANT	ADDRE		
	(WAR OR DATES)					
		NO CAUSE OF DEATH (Sales and	· · · · · · · · · · · · · · · · · · ·	b) and (c)			APPRO	DXIMATE INTERVAL N ONSET AND DEATH
B 500 100 100 100 100 100 100 100 100 100		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:		Prematu	1.0		177 (5 prs)
TS L		m/ IMMEDIATE	CAUSE (a)	26:15	TU ME TU	1	- 50	13/ 4-1/6
TOT		1620	DUE TO, OR AS A CON	SEQUENCE OF				
RES # dh montion treat		Conditions, if ony, which gove rise to immediate	(b)					
W # ####		couse (a), stating the underlying couse last	DUE TO, OR AS A CON	SEQUENCE OF				
10 H 7 H 10 H			(c)		7.051.4750.10.715.750.	- PART DISCUSSION CONT	NI CONTRACTOR OF THE PARTY	1
S. S.	z	PART 2 OTHER SIGNIFICANT CO	1 01	1		VINAL DISEASE OK CONI	THON GIVEN IN PART	110
0	18	190 DATE OF OPERATION	196 CONDITION FOR W	Damn,		20a AUTOPSY?	206 IF YES, WERE FIND	INGS LISED
RECO	5	DATE OF OPERATION	198 CONDITION TOR VI	THE OF EKAHON V	VASTERIORMED		IN CERTIFYING CAUSE	ES OF DEATH?
TAL The The The The The The The The The The	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	12	IV HOW IN HIRY OCCUR	RED (ENTER NATURE OF INJUR	YES []	NO []
ANS. HAYS		OR CONTRIBUTING CAUSE OF DEAT	MOUR AND MONITE	H DAY YEAR	TE TIOW INJURY OCCUR	KED LEMIER MALTINE OF INJUN	TIN HEM IS PART OR PART 2)	
PYSICIAN: T ding physici is certificate burial-transi Mental Hygi	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	II LOCATION			
JISION The PHY The but The but And M	ME CO	216 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET, FACTORY O		STREET	CITY OR TO	wn COUNTY	STATE
DIVISION DING PROGRES After the se as the calth and marked		AT WORK		37.124		5 10 4119	8.0	
Z = 2 5 + 2		22a I certify that (1) This hospita	ol) offended the deceased t	O-C	19_6	. 10	19 82	that (I) (we) lost
R ATTE hospito RECTO hed for ept. of hem 21		saw the deceased alive an abave, (1) (ye) (did) (did not				death occurred on the do		
OR ATI OR ATI DIRECT Coched for Dept or		22b. SIGNATURE	1 .		GREE ATTENDING	MEDICAL STAF		TE SIGNED
		dead 41	Versman		PHYSICIAN [DIRECTOR PHYSIC		119187
TAY SPI		224 PHYSICIAN'S NAME (TYPE OR	PRINT)	2	2e ADDRESS			
Should with th		Leonard F	Weisma	n mo				
5 5 5 × ×		BURIAL, CREMATION, REMOVAL	23b. DATE		ETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		(SPECIFY) Removal	4/25/85			CITORIOWN	COUNTY	STAIL
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR			25a D:A	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
(VRA 15. 4)	1	Anatomy Bo		Balto	Md. AP	K 3 0 1985	Guna Davidson	-Rando BR



wander Randa

AND THE RESIDENCE OF THE PARTY Markett accomments and deposit fact, to figurescent the conthe office of the plant of the process of the proce The contract of the second section of the second section is a second second

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR REG NO I DECEASED NAME LAST 20 DATE OF DEATH FIRST MONTH 2h HOUR LITYPE OR PRINTS GORDON JOHNSON APRIT. 0. 3:00P M 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYPAR IF LINDER 2+ HP 3. SEX 4 RACE 18. JULY 1926 58 WHITE MALE 70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY III. U.S.A. MONTGOMERY CO. WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KENSINGTON 11005 NEWPORT MILL RD. RET -- CLERK CITY COURT USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. MONTGOMERY ROCKVILLE 11024 WICKSHIRE WAY 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE FIRST PEDERSEN JOHNSON JENNIE VICTOR G. 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 348-20-141 SAME AS ITEM #13) NO ANNE G. JOHNSON APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING D TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 CERTIFICATION 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOR NO [21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OF PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION LITY OF TOWN LAT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a 1 certify that (1) (this hospital) attended sow the deceased alive on, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated Th-SIGNATUR DEGREE 22c DATE SIGNED PHYSICIAN / MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OF LOWN BURIAL GENEVA OAK HILL CEMETERY 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15. 4)

MPORTANT

W. CHAMBERS CO. INC. SILVER SPRING, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



David L. Sauers Funeral Home, Falls Church, VA AFK

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

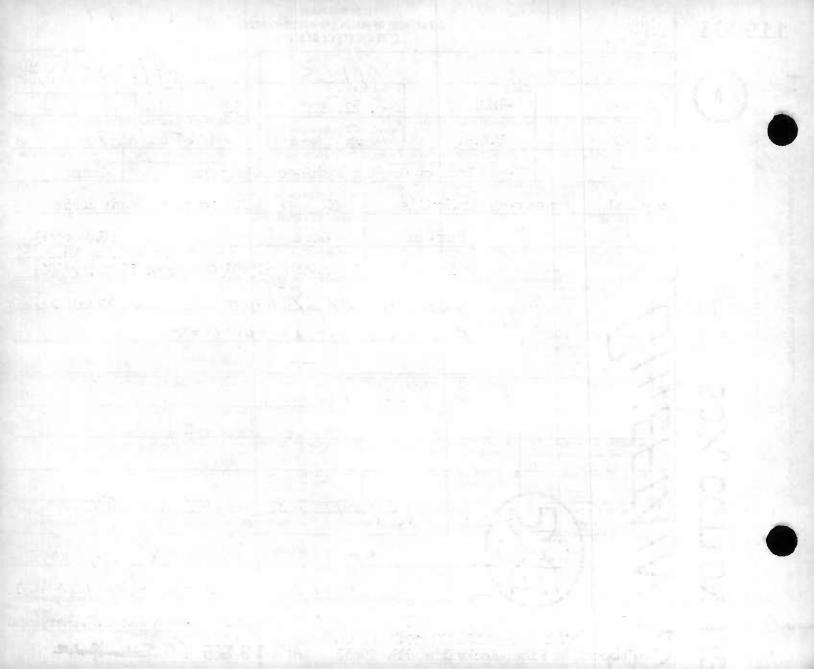
we haydon Handell

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Crecologo Les Servicions de Crecologo VA

.C.C. West Intesti

119064		FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND SEALTH AND MENTAL HY ICATE OF DEATH	REG. N		1	
A moy be	3. SE	CEASED NAME FIRST FORST X emale	HER 14. RACE White	JO S. DATE C	DAY WEAR	20. DATE OF DEATH	MONTH DAY 13 PRINCE MONTHS	S S S MOUR S MIN.	
iter death. Page he funeral a within 72	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT CO U.S.A.	MARRIE WIDOWE L, NURSING HOME C	DENEVER MARRIED CONTROLL DIVORCED CONTROLL DIVORCE CONTROLL DIVORCED CONTROLL DIVORC	120 USUAL OCCUPAT	GO ME		
rithin 24 hours of 2 spould be filed in by the control of the cont	Usu 130. Ma	ATHER'S NAME	Hebrew Home Prother Institution, Give residually 134. CITY Rock	e of Greate ENCE BEFORE ADMISSION) OR TOWN TVILLE	er Washington 13d. Inside City Limits? YES X NO 15. MOTHER'S MAIDEN N FIRST	Homemaker 130. STREET ADDRESS 6121 Montr	ose Road;	Home ; 20852	
ore be executed with the spers. Poges I and vol.	16a.	NO	RMED FORCES? 16b SOC OFFE WAR OR DATES) 065-	rlin LIAL SECURITY NO. 12-5112	Rose		ESRockvill enor Plac	Unknown) Le, Md.20852 ce, #1405; APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL	
res that the death certificated by the ottending physicals remove carbon priviles, cremotion, or removing, or other traumotic even	NOI	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF A NARY	ARTERY ARTERY NOT RELATED TO THE TER BCOCK	DLS CASE	IDITION GIVEN IN		
ING PHYSICIAN: The law require of the third physician. The other this certificate has been signed the buriol-transit permit. Then the hand Mental Hygiene prior to borked or them 18 shows any injury.	MEDICAL CERTIFICATI	MEDICAL CERTIFICATION	196 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAUSE OF DETERMINE	21b. TIME OF INJURY HOUR A.M. MO	NTH DAY YEAR	N WAS PERFORMED 21t HOW INJURY OCCU 21t LOCATION STREET	200 AUTOPSY? YES NO X JRRED (ENTER NATURE OF INJU CITY OR TO	IN CERTIFYING (YES RY IN ITEM 18 PART 1 OR	E FINDINGS USED CAUSES OF DEATH? NO PART?)
HOSPITAL OR ATTEND ined by the hospital or FUNERAL DIRECTOR. A void be detoched for use hithe Stote Dept. of Head DIRECTOR is made in the Stote Dept. of Head DIRECTOR Is a source of the source of th	A AND LE	22e. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did-22b. SIGNATURE	on 04/3 with body diter dec	19 85 (or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 120. ADDRESS	MEDICAL STA	ote/and hour and f	from the couses stated Or. DATE SIGNED (3/85)	
BP	Bı	BURIAL, CREMATION, REMOVA	4/16/85	B'Nai I	emetery or crematory srael Cong.Co	23d LOCATION CITY OF TOWN		G.; Mary Land	
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	uneral director DANZA 170 Rockville F	NSKY-GOLDBER Pike; Rockvil	G MEMORIA Le, Md. 2	CHAPELS 25. DA	19 1985 Au	256 REGISTRAR'S	SIGNATURE - Condelle -	



Rockville, Md.

STATE OF MARYLAND

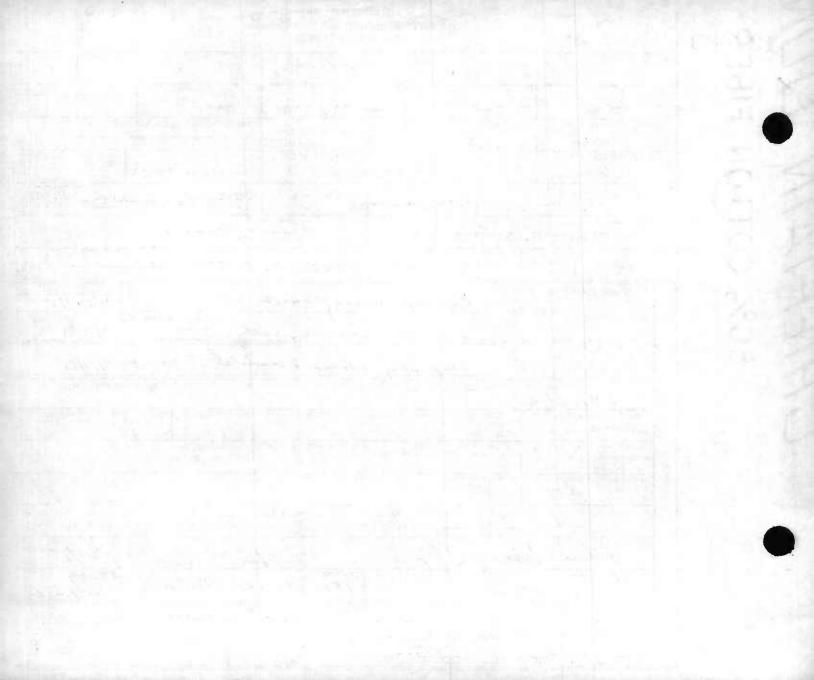
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

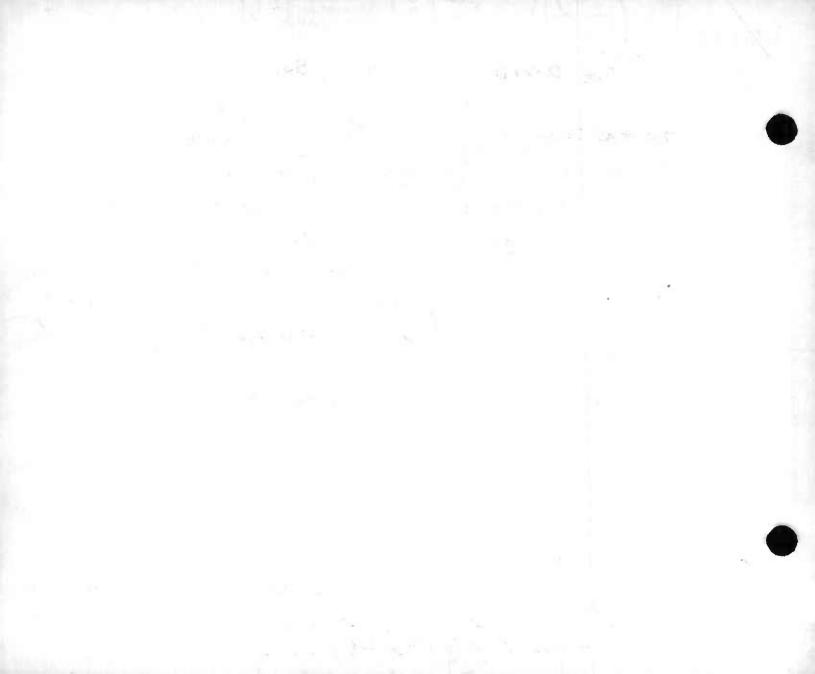
FOR

George R. Snowden

(VRA 15, 4)

1 - STATE





STATE OF MARYLAND

Arean Targette *15 7 0 m 0 10 70 7 Mont. hetherts x restorry La. Type | -- -- -- | Mart | Joseph | Joseph | Land | L A SECTION OF THE PROPERTY OF T Sundal Later 1978 Coder Bill CH. Later Later Coder Coder .Ent , chos ulsalas no suoti TING OF . WHEN AN ANY TO CALL

00

4

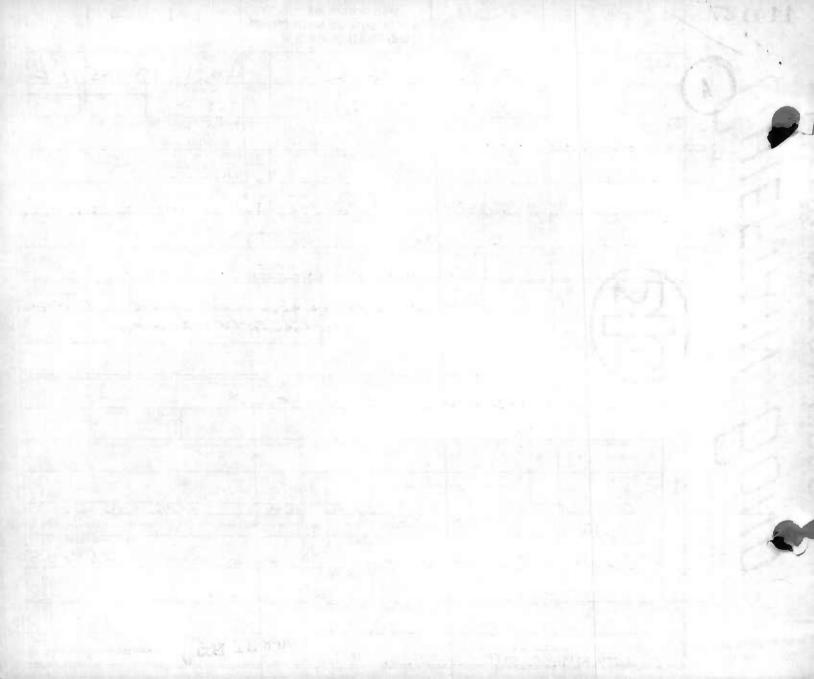
MPORTANT

DHMH - 16 60M 7/84

(VRA 15, 4)

114127

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 26 HOUR TYPE OR PRINTS 985 Marco IF UNDER ! YEAR IF UNDER 24 HRS OCT 21,7911" CAUCASIAN 73 FEMALE To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY WASHINGTON, D.C. U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY HOUSEWIFE KENSINGTON GARDENS KENSINGTON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE POTOMAC MONTGOMERY 1001 Weatherwood Ct., 20854 MARYLAND 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LONG O'DONNELL CATHERINE JAMES ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT SAME AS 13 SON JOHN A. JUDGE. JR. 578-66-4581 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO: OR AS A CONSEQUENCE OF underlying cause PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 2th IF YES, WERE FINDINGS USED 19s. AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NOF VES C NO F THE HOW INJURY OCCURRED. LENGTH NATURE OF PHILES PRICE IS THAT I DEPART J. 21a ACCIDENT WAS UNDERLYING [1] JUN TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL IN EITHER, NOTIFY WEDICAL EXAMPLEY P.M 211 LOCATION THE INJURY OCCURRED The PLACE OF INJURY EIN OF TOWN COUNTY STATE LOTS MINE SOURCE VINCTOR'S TRIBLE SHOW THE 401 WHILE [274 I certify that (I) (this hospital) attended/thy decepted from. opinion death occurred on the state and hour and from the couses stated DEGREE 72s DATE SIGNED ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN'S NAME WIRL OF PRINT 72 ADDRESS WASHINGTON. D. C. FOWARD PACIOUS 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL (SPECIFY) MD. MONT SILVER SPRING GATE OF HEAVEN BURTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINSDRESS in very doon fandale 500 UNIV BLVD. W. STLVER SPRING MD. 20901



STATE OF MARYLAND

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Anna	K	Kahler	4	10 85 9:30 pm
1 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	Sept. 10, DAY 1887 AR	97 YRS	MONTHS DAYS HOURS MIN
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN	
Maryland	U.S.A.	WIDOWED DIVORCED		ounty MD
10 CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Rockville	National Lut		homemaker	at home
	NTY 13c. CITY OR T	rel YES 🛣 NO 🗌	11310 Harding	/ () / - /
To FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
Philip	Kahler	Mary		.eker
160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!		ADDRESS	Md.
no	- 220-48	3-2405 Rev.Richard	Reichard 9701 Ve	irs Dr. Rockvill
PART I. DEATH WAS CAUSI	nly one cause per line far Ia I, (b ED BY: ITE CAUSE (a)	restrue leant	& Failund	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which	DUE TO, OR AS A CO	avenue Frbrill	ation	7 yrs.
cause fall, stating the underlying cause last.	DUE TO, OR AS A CONFE	anoxelepte	- Kent Dreias	4 10 mms
PART 2 OTHER SIGNIFICANT	Allemens	Dislase,	ravouces	,
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	In CONDITION FOR WH	IICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CONTRACTOR CONTRACTOR OF DE		DAY YEAR	CURRED (ENTER MATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
OR CONTINUUM CAUSE OF DE	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
<u> </u>	extal) attended the deceased from	m Man 29 19 8	-0 10 april 1	O19 75, that (I) (we) last

St.Paul'sChurch Cemetery

N.U. WASH. D.C. 20010

Fulton, Maryland

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

The Hysong Co. 1300 N St. N.W. Washington, D. CAPR

April 15,1985

				20		
		ans. 10, 1997				
	resolutem x					
	tooline od 1					
	J.J.	×		in, all	Print	basines.
			191			
disperse of or - 2	1 - nantaining t	nesitan et		12-2		7 05.
The state of the s						

Andrew Control of the best latter, a spring

49. 1990 H Jr. H.L. Martin, 2001, 1-14 [[]]

.2	/		FOR			MARYLAND H	GIENE	95	3
-			STATE REGISTRAR	MEI	DICAL EXAMINER'S	CERTIFICATE OF	F DEATH REC	G. NO.	
1	105104	1. DE	CEASED NAME FIRSTH	ELEN	MIDDLE KALIV	RETENOS	20 DATE KNOW!		DAY YEAR 25 HQUE
	% × × × × ⊢	(TYP	E OR PRINT)	en	Kalin	1- 4	OF ESTI-	_	2 10 81 700
	DIRECTOR. FOUR FILES. V72 HOURS ON STREET.	3. SE)	1. RACE	S DATE OF BIRTH MAR. 20,	1905 LAST BIRTHDAY) MON	UNDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	Poiril S	DAY YEAR 2d &
1	ECESSA INERAL FOR Y WITHIN		RTHPLACE ISTATE OR REIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	RIED NEVER MARRIE	9 BALTIMORE	TY OR COUNTY	OF DEATH
1	NECESSARY FUNERAL DII 5 FOR YOU WITHIN 72 W PRESTON		Greece	USA		WED X DIVORCE	- 44	5nog	o mer you
	PAGE 5	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OT CHITY, GIVE STREOUTH TO		12g USUAL OCCUPATION FOR MOST OF WORKING LIFE Housewife	(TYPE OF WORK 126	or industry own home
21201	ANY DE AND 3 TRETAIN COULD BECORD BEC	USUA III. S	TATE 131 COUNTY		VE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN		130 STREET ADDRESS LO	ocust Gro	Lyoyika
WD.	EATH. 8	14. FA	THER'S NAME FIRST Nick	MIDDLE	Chaconas	15. MOTHER'S MAIDEN FIRST Anna	N NAME MIDDLE	Unobta	inable
BALTIMORE,	AFTE- D SIVE PAG H FORM AGES ISION O		VAS DECEASED EVER IN U.S. ARES, NO, OR UNKNOWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES) N/A	166. SOCIAL SECURITY NO. 577-48-9074	Rose Dasi	liko-dau-	RESS 3 Legati shington	on St., N.W.
	HOURS EM 18. G NG WIT ERMIT. P. ENE, DIV		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	nly ane cause per line ED BY: ATE CAUSE (a)	far (a), (b), and (c).)	with 10	any.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	JTED WITHIN 24 H XAMINER ALONG IAL - TRANSIT PER MENTAL HYGIEN ON, OR REMOVAL		Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE OF	20 60	26		
201 W.	UTED WITH IN PENCIL IN PENCIL EXAMINER RIAL - TRANS D MENTAL HON, OR REA		cause (a) stating the <u>under</u> lying cause last.		AS A CONSEQUENCE OF	7			1 pm
CORDS	UID BE EXECUTED BELLING" IN JEWEDLING" IN JEWEDLING EXALED AS BURIAL EATH AND MILE ALTH AND MILE AND MI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISE/	ISE DR CONDITION GIVEN IN PARI	1 (a)		
ITAL RE	A PARTY OF THE PAR	CERTIFICATION	None	195. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?
ONOF	RIHCATE SI NG THE WO O TO THE C SHOULD BE PARTMENT RIOR TO BU		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DAY YEAR	OW INJURY OCCURRED	CENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2	tches
DIVISIO	THIS CERTING WARDED PAGE 3 SH 21201 PR	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	2 le PLACE C STREET, FACTI	OF INJURY (ATHOME, 211 LO	OCATION STREET	RI CITYOR TOWN	COUNT	y STATE
			220. I certify that I took char				1,	and in my apinio	an
•	ITHE CERTIFICATION THE CERTIFICATION THE CERTIFICATION THE CALL DIRECTOR: SATH, WITH THE SRE, MARYLAND		death resulted fram: Natu	aral causes .	Accident , Suicide	TITLE (SPECIFY)	Undetermined manner		1/0 100
	DEATHER AND PEATH		SIGNATURE 2	John S.	Rogers, DME	M.D. 1919	Seminary Ro		Md.
	TO MEE EXECUT PAGE 4 TO FUN AFTER E BALTIM	22 6	(TYPE OR PRINT)			_ADDRESS			
07/B4 25M		(5	URIAL, CREMATION, REMOVAL BURIAL	4-11-1985		etery	Wäshington,		
SJA	DHMH - 17 (VR A15 ME (5))	Hin	JNERAL DIRECTOR LESS Rinaldi Fun	eral Homess	II800 N.H. Ave Sil. Spring, Mo	1 4 5 5	EC'D. BY REGISTRAR 256, F	La Davidson	n-Randell

STATE OF MARYLAND CERTIFICATE OF DEATH

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO TAST 20. DATE OF DEATH 1. DECEASED NAME FIRST 2b HOUR (TYPE OR PRINT) HELEN KAMEROW 4 RACE 5 DATE OF BIRTH 1904 FEMALE CAUCASIAN FEB. 28. To. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED AKRON OHTO MONTGOMERY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 809 ORCHARD WAY SSPG MD SECRETARY-RET U.S. JUSUAL RESIDENCE (IF NO 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS?

13b COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

13c. CITY OR TOWN MONTG SILVER

15 MOTHER'S MAIDEN NAME LAST KOHN

166 SOCIAL SECURITY NO

SARAH 17 INFORMANT

BETTY

MIDDLE

ADDRESS

(ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2

CITY OR TOWN

809 ORCHARD WAY

13820 ARCTIC. AV ROCKVILLE MD

GROSSMAN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA 5 YRS. DUE TO, OR AS A CONSEQUENCE OF ADENOCARCINOMA RIGHT BREAST 15 YRS. Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

579-42-9149 MRS.

ADOLF

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

MD FATHER'S NAME

NO

198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e. PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM, ETC.)

211 LOCATION

80

APRIL

PHYSICIAN TO DIRECTOR PHYSICIAN

20g AUTOPSY?

YES NO ST

COUNTY 85

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

220 | certify that (1) (this hospital) attended the deceased from AUG. 985 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) (did) (did not) view the body after death 77h SIGNATUR DEGREE

224 PHYSICIAN'S NAME COFE DEFINITI

NOT WHILE

DR. HUBERT ALPERT

4-28-85

22e ADDRESS

8630 FENTON ST. SSPG, MD.

DHMH - 16 60M 7/84

(VRA 15, 4)

should be deto

MPORTANT

Hygi

BURIAL

CERTIFICATION

MEDICAL

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY JUDEAN MEM GDNS

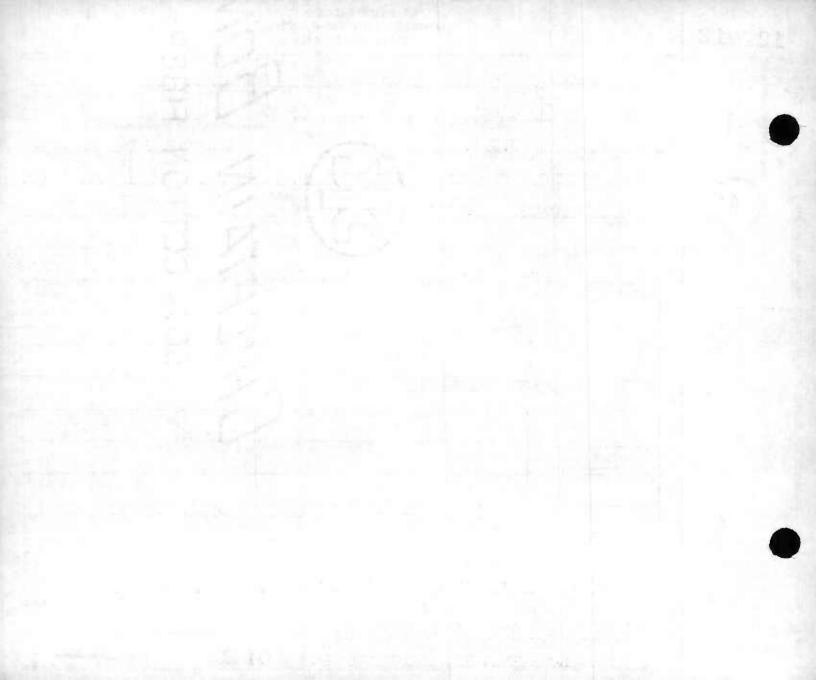
34 LOCATION CITY OF TOWN OLNEY.

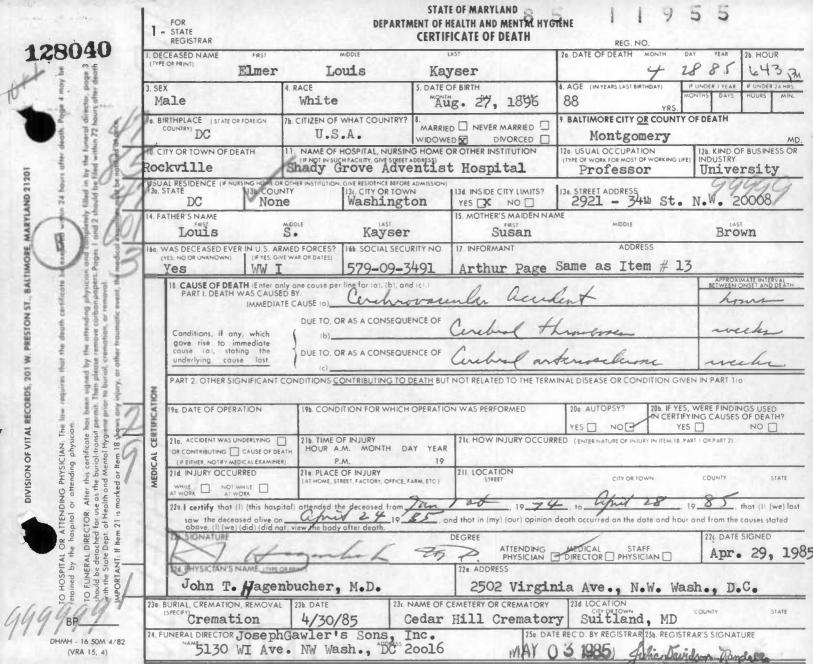
COUNTY

STATE

27 APR 85

24 FUNERAL DIREDANZANSKY - GOLDBERG MEM CHP 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 1170 ROCKVILLE PK. ROCKVILLE MD.





ler oui 972/5 CENTER OF SHEET returned to the control of the contr the test on made water to proper to the light of the ligh

100 , 25 , 108 The first of the state of the s Committee 0/30/85 Count 111 Innerton 111 Innerton dions at . min ye here I have to

7771 0 010

	0	P 6	
	orth.	72	
	1	1:	
	(+ B	13	
77	13"	56	
2	2.4	700	
3	i q	sho sho	9
AK	3	plet nd 2	1
ž M	inte	CO - S	ſ.
5	exe	and	
	pe	rion prs. p	
0	icat	hysic	CAC
2	-	ng p	comm.
5	ath	endi	0
G	e de	e att	cition
	th th	y th	Cran
2	s the	ed b	210
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	5	sign hen j	S. Die
5	5	neen	river
ű.	e lo	pern pern	000
¥	Th	ate	area.
2	Phy	ol-tro	1
2	lySid	Sce	MAAR
20	T b	the th	Punc
2	OIN O	Afte	440
	TEN IS	Or US	I
	A AT A Posp	RECI	400
	the Of	LDI	200
	PITA	ERA be de	Cont
	O MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 feath attended by the hospital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely till—a by the first and bauld be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld by this call in 72 ha	the black Charles and Manaleh and Akanda Huniana print to him a property of himself or company
	0 0	000	A.V.

00

5 morked

21

* ORTANT

(VRA 15, 4)

101072

1 -	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND I	MENTAPHY	GIENE	REG. NO.	9 4	5 6	
	CEASED NAME	FIRST		WIDDLE		AST			DEATH MON		YEAR	26 HOUR
1000	CORPRINT	Karl	-	К.	K	eller		Apr	il 1,	1985		11:45A
3 SE	x Male		. RACE Caucasi	an	5. DATE C	DAY	1906	6. AGE (INY	ARS LAST BIRTHD A	YRS IF UN	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
70. B	IRTHPLACE (STATE C			WHAT COUNTRY?		1/_	AARRIED -		RE CITY OR C		DEATH	
10. C	shington. ITY OR TOWN OF D		(IF NOT IN SU	A. HOSPITAL, NURSIF CH FACILITY, GIVE STREET	WIDOWE NG HOME C (ADDRESS)	D DI	VORCED [12a USUAL C	tgome DCCUPATION FOR MOST OF WO IMPLOVE	RKING LIFE)	2b. KIND OF NDUSTRY	MD. F BUSINESS OR
130. S	AL RESIDENCE IF NO STATE LYLAND ATHER'S NAME FIRST Charles	Monta	THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE C YES		13e.STREET A	Totte	CODE	errac Klier	
	WAS DECEASED EVE YES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES!	577-07-		Ethel		ller	ADDRESS Wife:	Same a		MATE INTERVAL NSET AND DEATH
ATION	PART 2 OTHER SI	GNIFICANT CO	(C)	B AS A CONSEQUE CHORES ONTRIBUTING TO CLIPA; E ITION FOR WHICH	DEATH BUT	NOT RELATED	to the term	- 0	OR CONDITI			
MEDICAL CERTIFICATION	3 / 18 . 21a. ACCIDENT WAS E OR CONTRIBUTING [(IF EITHER NOTIFY ME	SS UNDERLYING CAUSE OF DEAT	21b. TIME C	eo tomy	+ Exe	21c HOW IN	JURY OCCUR	YES 🗌		YES [CAUSES (
MEDI	WHILE NOT AT WORK	WHILE ORK		OF INJURY REET, FACTORY, OFFICE,	FARM ETC.)	211, LOCATION STREET	N		(ITY OR TOWN		COUNTY	STATE
	22a. I certify that sow the dece above, (I) (we 22b. SIGNATURE		3/3/	19	35 . or	nd that in (my)	, 19 <u>88</u>	deoth occurre	d on the date	and hour one		
	22d. PHYSICIAN'S	NAME (TYPE OF	PRINT	Queless	MO	722e ADDRES		MEDICAL DIRECTOR	STAFF PHYSICIAN		411	1.85
		R J. L		M.D.				ILIP DR	. OLNE	, MD.		
	BURIAL, CREMATION		APRIL			EMETERY OR			TION OR TOWN		UNTY	STATE GTNTA

CREMATION API BP DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR FRANCIS J. COLLINSDORESS 500 UNIVERSITY BLVD., W. SILVER SPRING, MD.

250. DATE REC'D. BY REGISTRAR 750. REGISTRAR'S SIGNATURE

- wy was very a souther

Charles II. Kellen Foniana

Augustus Line gelevely Europe Schooling , Edit Ribe

SECONDERESTING LIVE. W. STLVER SPEINS, AM.

Bashimdon F.C. U.S.A.

The grant of many

Rangelons' Contramenty Struce Product 15210 Tathenium Technole 20106

de un 18 year Wage of the state of

the state of the s

CHARRY T. MAGGERS, H.O. 1611 PR. PITLIF OR. OLURY, HO.

CREWITTH APRIL 1, 1985 METEOPOLITAN CHE MICHE ALLVAROURA CIRCINIA

21 5. 3 ... (,) 12300, 300, 1

Mar coldens + food decent subject

1 1/2 1/2 18 01/E

Egyman & sold a present thing, a countries

Starter to X .. are any

40,00

- A-wt

MPORTANT: If Item 21 is morked at Item 18 shows any injury, or ather traumotic event,

DHMH - 16 60M 7/84

(VRA 15, 4)

	1 - STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL OF CERTIFICATE OF DEATH	rgiene REG. NO.	95/
	T DECE ASED N ME (TYPE OR PRINT)	a Bei	tner	2a. DATE OF DEATH MONTH	- 21-85 10:55 M
	Female	White	5. DATE OF BIRTH F°E'b'. 27, 1903	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR IF UNDER 24 HRS
	Wash. D.C.	76 CITIZEN OF WHAT COUNTRY	* MARRIED MEVER MARRIED WIDOWED DIVORCED	Montgomery	NTY OF DEATH MD.
1	Rockville	National Lut	heran Home	12d USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORK II GOVERNMENT	INDUSTRY DEPT. OF INDUSTRY DEPT. OF
7			WN _ 1134 INSIDE CITY LIMITS?	9701 Viers	open 0805
1	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b SOCIAL SEC	CURITY NO 17 INFORMANT	ADDRESS	
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	LESPIRATORY FOR		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	h operation was performed		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
P	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 210. INJURY OCCURRED WHILE AT WORK AT WORK 270. I certify that (I) sow the deceased alive or obove. The solid is a contribution of the solid in the	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	DAY YEAR 19 21f LOCATION STREET ond that in (my) (our) opinic DEGREE ATTENDING	MEDICAL STAFF	19 1hot (I) ((a) lost hour and from the couses stated
)	220 PHYSICIAN'S NAME (1YPE 1000 AS E. 230 BURIAL CREMATION, REMOVA (SPECIFY) BUTIAL	DOOLEY, M.D.	PHYSICIAN 220 ADDRESS 179 DC NAME OF CEMETERY OR CREMATOR: Arlington Nat	M DIRECTOR PHYSICIAN O 4 GEORGIA NEY MARY 1236 LOCATION	AVENUE AND
	24 FUNERAL DIRECTOR HOWA:	rd Hales Lanha	and an mad	ATE REC'D. BY REGISTRAR 250 RE	/



FOR STATE REGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

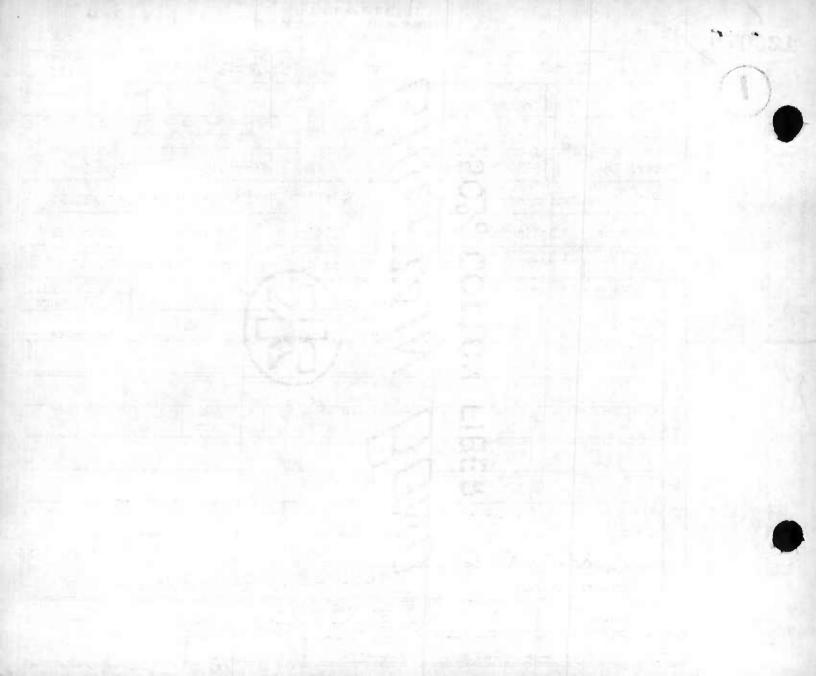
CERTIFICATE OF DEATH

		CEASED NAME FIRST Mildre	ed Colem		Ke	ys	April 26,		4:25
	3 SEX	emale	Caucasian	n	S. DATE C	1 24, 1924 AR	6 AGE LIN YEARS LAST BIRT		YEAR IF UNDER 2
18-85	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA		8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	Montgomery	R COUNTY OF DEA	гн
100	11/	ty or town of death ockville	9110 Dari			DR OTHER INSTITUTION	Secretary		ND OF BUSINES
filled in		AL RESIDENCE (IF NURSING HOME STATE Aryland Mon		RESIDENCE BEFORE ROCKVIII		13d. INSIDE CITY LIMITS?	9710 Darnes	ZIP CODE Stown Road	20850
15/5/	14 FA	Thomas	Benjamin	Co1emar	ı	15 MOTHER'S MAIDEN NA/	Estell		ıtêrback
Pages A		VAS DECEASED EVER IN U.S. A YES, NOTE INKNOWN) TIF YES T		SOCIAL SECUR 12-20-12		Thomas C. Key		ss 9110 Dar) Rockvill	
physical mostal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per line SED BY: ATE CAUSE (a) Res			ilure		BET	PPROXIMATE INTERVA WEEN ONSET AND DE 12 Hou
ed by the others Media remove as riol, cremotion, or other troums		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	S A CONSEQUE	NCE OF	rine Sarcoma			½ Years
siden. ste has been signs mal permit. Thus, ygiene prior to bu. shores ony mjury.	ERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIO	N FOR WHICH		NOT RELATED TO THE TERM N WAS PERFORMED 1212 HOW INJURY OCCURE	20a AUTOPSY? YES NO NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH NO
offerding phy flee that certific as the burial-tru th and Mental P	MEDICAL C	OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M.	MONTH DA	19 ARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUN	
CTOR A for use of Heal	100	220 Certify that (1) (this has saw the deceased alive of the same	A 7	7 7 (85, or	e 24 19 83 nd that in (my) (aur) apinion of DEGREE ATTENDING		ate and hour and from	DATE SIGNED
of the house has been been been been been been been bee		11. 1	11119	/		PHYSICIAN [:11 26,

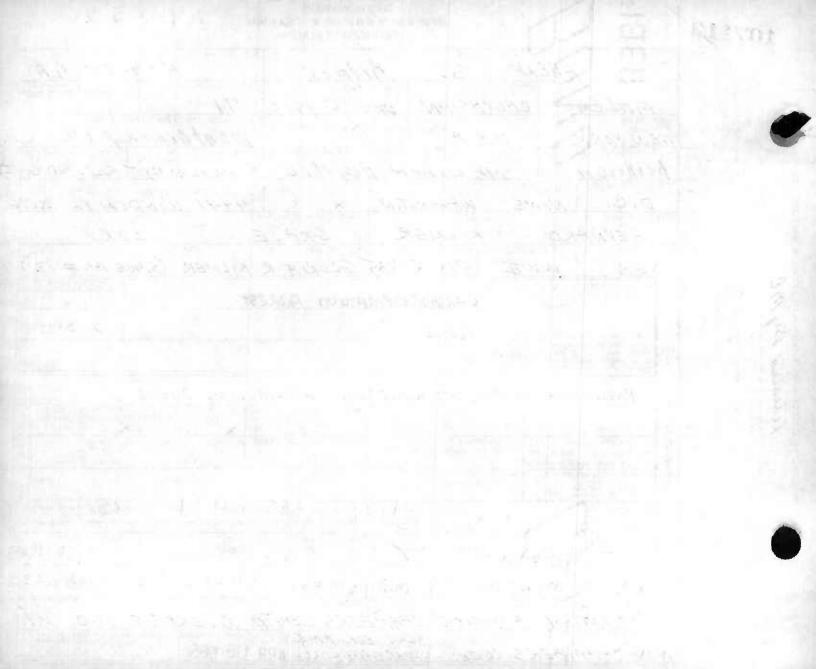
Rockville, MD MAY

DHMH - 16 60M 7/84 (VRA 15, 4)

P.A. 300 West Montgomery Ave



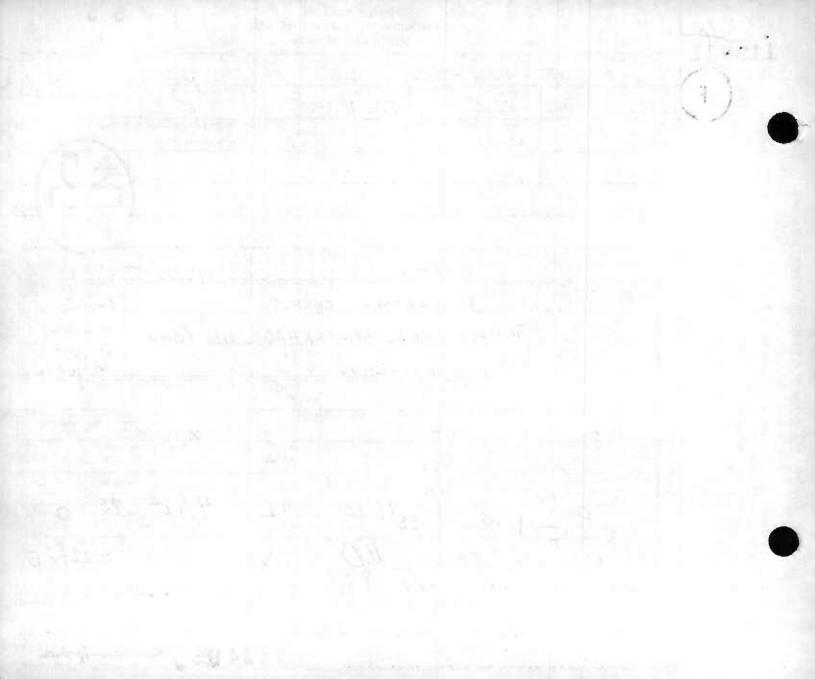
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2a DATE OF DEATH I. DECEASED NAME MONTH 7h. HOUR (TYPE OR PRINT) ALLEN 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 24 HRS MONTH BALTIMORE CITY OR COUNTY OF DEATH IN CITIZEN OF WHAT COUNTRY? Gemen NEW DIVORCED SEC. (FED. GOV USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1134 COUNTY 1134 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? IASHINGTON 14 FATHER'S NAME MIDDH ARMED FORCES? GLORIA R. KILMER (SAME AS # 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDIORESPIRATORS IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF DAYS SEPSIS Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIFFUSE ATHEROSCLEROTIC CARDIOVASCULAR PNELIMONIA 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES XI NO I 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the deceased alive on ___, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) adid) (did not) view the bady after death 27h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN A DIRECTOR PHYSICIAN 27e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE A NUME TO DATE REC'D. BY REGISTRAR ZSIN REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 CHAMBERS CO. INC. SINERSPADO (VRA 15, 4)



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 de la .	1	REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO		
31		CEASED NAME	FIRST		WIDDLE	L	AST.	20 DATE OF DEAT		DAY YEAR	26 HOUR
1		JEA	NNETTE	HOW	ARD-COOPE	ER	KING	APRIL	18,1985		8:55 A
	3 SE			4 RACE		5. DATE C		6 AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 HRS
1	FEMALE			BLACK JÜLY 10,1900 TEAR			У 10,1900	84 YRS			
7		TO BIRTHPLACE (STATE OF FOREIGN 76			WHAT COUNTRY	MARRIEI	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	Y OF DEATH	
1		TY OR TOWN OF D	EATH	LIBER		WIDOWE	DROTHER INSTITUTION	MONT G		Tink MINID O	MD F BUSINESS OR
9			EATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	(ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			r BUSINESS OR
4	KO	CKVILLE AL RESIDENCE (IF NO STATE	JRSING HOME OF	14316	BRIARWOO		RACE				
5,5		RYLAND		GOMERY	ROCKVILI		136 INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRE			ACT COG
-		THER'S NAME	IMUNI				15 MOTHER'S MAIDEN NA	ME		OD TERR	
(5)		THOMA	S	W.	LAST	HOWA	FIRST	MARY	A.	D.	HILLIPS
1		VAS DECEASED EV	ER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO			DRESS		IILLII
Bed	N)	(IF YES, GI	E WAR OR DATES)	215-06-	4204	MAGDALIANE		LLAND .	SAME AS	13
			ATH (Enter o	nly one couse pe	r line for (o), (b), a	nd (c).1					MATE INTERVAL ONSET AND DEATH
		PART I. DEATH		D BY: TE CAUSE (a)	RESPIR	ATOR	Y ARREST			1 min	nte
		10 8		DUE TO	B AS A CONSEQU	ENCE OF	110 00111			4	norths
		Conditions, if a		(/b)_	ACEREIS	RAL	HEMORRHA	25 AND	Coma	111	
orner troumone		couse (o), sto			R AS A CONSEQU	ENCE OF	= 1			/ '	east
				(c)_		TENS					jears
nlory.	Z	PART 2 OTHER SI	GNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION GIV	VEN IN PART 116	1
1	CERTIFICATION	19a DATE OF OPER	RATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
\times	TER	NA			NA			YES NO		FYING CAUSES	OF DEATH?
	E.	21a. ACCIDENT WAS I		110110 4		AV YEAR	216 HOW INJURY OCCUR		INJURY IN ITEM IB	PART 1 OR PART 2)	
E /	CAL	OR CONTRIBUTING		119	M NA	19	N	7			
0	MEDICAL	21d INJURY OCCU		LAT HOME E	OF INJURY	FARM ETC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	-		WHILE DN	lu l	,,,	71	1,2	- 4	10	OF	
0		220.1 certify that		tol) artended t	he deceased from.	85 , ar	19	, 10	/ I D	19 0	that (we) las
		22b SIGNATURE	(did) did no	ty view the bod	y after death.	, ar	nd that in (my) (aur) apinian	deam accorred an ir	ie date ond not	22c. DATE	
		The stay of the	10/	(1) (Sauce	. /	ATTENDING		STAFF	4/2	2/8-5
+	-	22d, PHYSICIAN'S	NAME (TYPE)	OR PRINT)	garre	7 1	PHYSICIAN [DIRECTOR PH	YSICIAN [112	700
1		CAROL		G.ARY	EY N	10	11510 OLD (GEORGETOWN	RDBE	THESDA.	MARYLA
1	23a	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		BURIAL		4/26/	85	JORBEC	K MEMORIAL	NORBEC		NT	MD.
7/84	24 F	JNERAL DIRECTOR	FRANC		OLLINS			TE REC'D. BY REGIST	RAR 25 REGIS	TRAR'S SIGNAT	URE
- '	_5	OO UNTY B				MD. 2	0901 AP	K 2 4 1985	Jan. av	Davidson-D	andell



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APHY GHENE

- STATE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR [TYPE OR PRINTS 185 William King April Lawson 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 1897 White November 21 Male TO BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Md. WIDOWED DIVORCED Montgomery 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Gaithersburg 16100 Frederick Rd. Agriculture Farmer SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Montgomery Gaithersburg YES X 16100 Frederick Rd. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Elias Hattie King Dorsev Gertrude Lawson 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1 N. ADStimmit Ave.. 214-34-6364 William I. King Gaithersburg.Md.20877 No B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I, DEATH WAS CAUSED BY: mone IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY DIFFICH TOWN STATE AT HOME STREET PACTORS ORNICE PARM ETC.) STREET ALTONS 27s.1 certify that (I) (three-base tall attended the decrased from and that in (my) (out) aginion death accurred on the date and hour and from the causes stated above. (It (we stild) Idid not view the body after death 725 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [12d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS un md 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/82 (VRA 15, 4)

Gartner Sandison F.H.

316 E. Diamond Ave. Gaithersburg, Md. 20877APR

Mt. Olivet Cemetery

Frederick Frederick 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1.0 S 161 SE Idean Evaluate a state and the welchernary lelou rateriok hd. Strates Action and the Control of th (trials) by solve at COLV E. Streament of the solve to nosent ____ careful | slovel ______ tall _____ tall _____ selfs Ties big and antist and Line Ties | Pes- C- C Senil 1/15/65 Wit. Clivet Camson; addants Underson Mil. Committee of the standard average of

di titolia de la compania de la continua de la cont

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2h HOUR Pierce 1889

CLERK

FEMALE WHITE TO BIRTHPLACE ISTATE OR FOREIGN INCITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [

DELAWARE U.S.A. WIDOWED 0 CITY OR TOWN OF DEATH

ROCKVILLE

NATIONAL LUTHERAN

MIDDLE

FIRST

130 STREET ADDRESS / ZIP CODE 1906- SHIPLEY ROAD 15 MOTHER'S MAIDEN NAME

MIDDLE

9. BALTIMORE CITY OR COUNTY OF DEATH

MONTGOMERY

HORN

126 KIND OF BUSINESS OR

INSURANCE

CO.

BENJAMIN FRANKLIN PIERCE AMELI A 166 SOCIAL SECURITY NO 17 INFORMANT 221-09-2559 D REV. DR. RICHARD REICHARD- NLH - ROCKVILLE, MD.

NO

FAJHER'S NAME

CERTIFICATION

l vdia

18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

Conditions, if ony, which gove rise to immediate couse (a), stating the

THE DATE OF OPERATION

214 INJURY OCCURRED

TIE ACCIDENT WAS UNDERLYING []

ON CONTRIBUTING TO CAUSE OF DEATH

1%: CONDITION FOR WHICH OPERATION WAS PERFORMED

78s AUTOPSYT 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21s. HOW INJURY OCCURRED | LINES HATURE OF PURIS AFFER IS NAMED OF CHARGE

HOUR A.M. MONTH DAY YEAR 21s. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE TARM, ETC.)

211 LOCATION

CITY OF TOWN

that in (my) (-) opinion death accorded on the date and bour and from the causes stated

BURIAL

21b. TIME OF INJURY

RIVERVIEW CEMETERY

24 FUNERAL DIRECTOR

HYSONG CO., INC - 1300-N ST., N.W.

DHMH - 16 60M 7/84 (VRA 15, 4)

34025

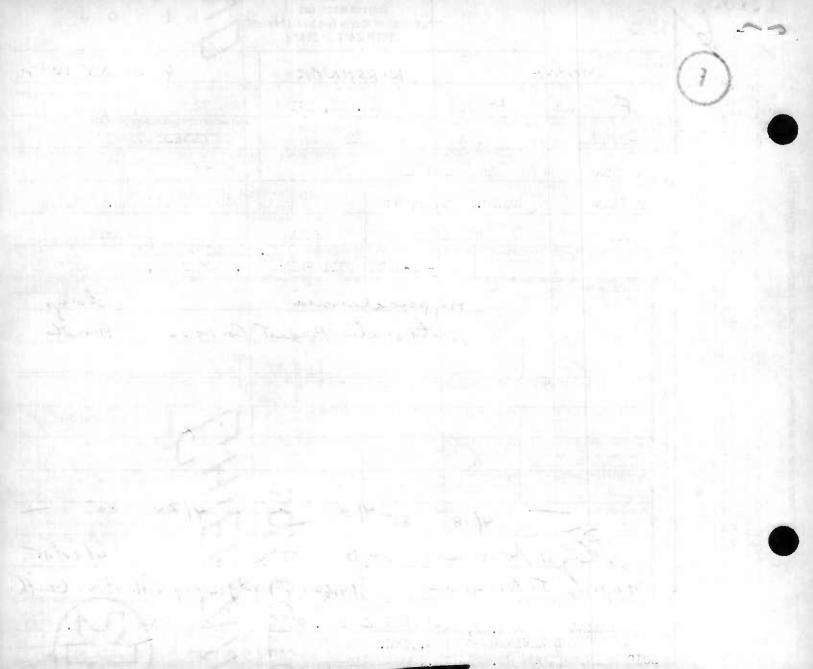
THE STATE OF THE S

THE RESIDENCE OF THE PROPERTY AND THE PARTY OF THE PARTY

1000

12

3.100



1		903		STATE OF MARYLAND	5. 9	6 4
320000	1.	FOR STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1
13027	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
e Pe	1 PP	perlah	FKM	1 +	april 14 1	985 225517
pog	3. SE		4. RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 r		FEMALE	CAUCASTAN	JAN 6.1897	G.G. WING	MONTHS DAYS HOURS MIN.
dire	70. B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
10 to 100		EW YORK	IICA	MARRIED NEVER MARRIED WIDOWED	HAUTOAUT	DV MD.
100		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	MONTGOME 120. USUAL OCCUPATION	12b KIND OF BUSINESS OR
# 15 D	PO	CKVILLE	Shady Trove A	aventist Hosp	(TYPE OF WORK FOR MOST OF WORKING I	(#E) INDUSTRY
م رق ۾	USU.	AL RESIDENCE (IF NURSING HOME OF		RE ADMISSION)	13e STREET ADDRESS / ZIP COD	DE 2090
120			GOMERY SILVER S			LEISURE WORLD BI
Z SP		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
音/動し		UNKNOWN	GULNICK	FIRST	UNKNOWN	LAST
icol l		VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRESS	
Poge.	ll '	NO	214-74	-0293 LOWELL HEN	DRICK SAME AS	13 FRIEND
ol.		18 CAUSE OF DEATH (Enter of	nly one cause per Me for (a), (b),	hd (c).)	1 0 01	APPROXIMATE INTERV
veni		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	no rassult	assignit	4 pup
or re or re			DUE TO, OR AS ALONSEQU	ENCE OF A	1000	-
tion, oum		Conditions, if ony, which	(b) Chings	solvare Une	was disease	gena
cremo other tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS ACO	Clarlone'		011
plea prial,	- 3	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT HELDED TO THE TER	AUNAL DISEASE OF CONDITION OF	VEN BURART LIG
Then to b	Z		Britis	Awdea	THE STATE SALES AND SERVICE SALES	110.1
ony prior	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHY	OPERATION WAS PERFORMED	20s AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
Po B B B	Ĭ		/			IFYING CAUSES OF DEATH? 'ES \ NO \
burial-transi Mental Hygi or frem 18 sh	CER	216. ACCIDENT WAS UNDERLYING	THOUSE A 44 MONTH O	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
tem of the man of the	CAL	OR CONTRIBUTING CAUSE OF DE	~~~	19		
d A	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	THE LOCATION	CITY OR TOWN	COUNTY STATE
h and rked o	2	WHILE NOT WHILE AT WORK	(ATTOME, STREET, FACTOR), OFFICE		1	+
lealt s ma		220.1 certify that (I) (this hosp	ital) attended the deceased from	19 8	1,10	, that (I) (we) lost
2 4 5		sow the deceased alive or above, (() from idea) (did no	or) view the Mody after death	and that it (my) (que) opinion	n death occurred on the date and ha	out and from the couses stated
DiREC Sched Dept. f Hem		27h SIGNATURE	Mana	S OFGREE		22c. DATE/SIGNED
Adeto deto		1000 3	Juny ?	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/15/83
TAN TAN		224. PHY CIAN'S NAME (TYPE	OR PRINT)	We. ADDRESS	0.1	1
should be deto with the State IMPORTANT; If		Thos G	· WARD,	alla KOBIN,	MID, DITH	1509 20811
- 5 3 ≥ 7		BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		BURIAL		PARKLAWN CEMETERY	ROCKVILLE	MONT MD.
16 50M 4/83	24 F	NAME FRANCE	CIS J. COLLINS	250 QA	PROPERTY 256. REGIS	STRAR'S SIGNATURE
4 15, 4)	_5		W. SILVER SPRIN	G.MD. 20901	/	

MEN BELLIN AND LESSED FOR SALES OF THE SALES Commence of the design of the second THE DESCRIPTION OF THE PROPERTY OF THE PROPERT Section & the first de ser le North le Malling met, la l'étaite not be the second

1120201	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		6 5
a (156)		AMES MIDEDWARD	LAST KNIGHT	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
to the	3. SEX Male.	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR FUNDER 24 HRS
h. Poge ol direc 2 hours	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	JULY 17, 1919 8 MARRIED E NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
er deat	VIRGINIA 10 CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A		120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
1201 ours off in by th e filed to	Bethesda USUAL RESIDENCE (IF NURSING HOME C	Suburbai	J	Truck driver	Trucking
LAND 2	MD. 136 COU	INTY 13c. CITY OR TOWI	BURG YES X NO [315 Westside	
MARYI mpletely and 2 s	14. FATHER'S NAME FIRST REUBEN A.	MIDDLE KNIGHT	15. MOTHER'S MAIDEN NA FIRST	MIDDLE	DONAVAN LAST
MORE, In ond coll Poges 1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUL MIWAR OR DATES! 228–26–		ADDRESS Knight Same a	us # 13
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or offending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner flust be made.	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PART 3. OTHER 3. OTHER SIGNIFICANT PART 3. OTHER	DUE TO, OR AS A CONSEQUE (b) HPD D DUE TO, OR AS A CONSEQUE (c) LC CONDITIONS CONTRIBUTING TO D FACTURE 199 CONDITION FOR WHICH PART JUNG 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY, OFFI	NCE OF NON-B NEATH BUT NOT RELATED TO THE TERM SEATH BUT NOT RELATED TO THE TERM SOPERATION WAS PERFORMED ARM, ETC.) PEGREE ATTENDING PHYSICIAN 120 ADDRESS	HAPBTITI MINAMISEASE OR CONDITIONS 126 AUTOPSYT 1786. IF IN CEI	COUNTY STATE
BP DHMH - 16 50M 4/83 (VRA 15, 4)	BURIAL 14 FUNERAL DIRECTOR FRANCIS H. BARB	APR.17,1985 ER LAYTONSVELLE	Parklawn , MD. 20879 250 PA	Rockville JE BEC D BY REGISTRAR 256. REC	STATE Md. MONT. Md. GISTRAR'S SIGNATURE

THE PARTY OF THE P Martin Language - Children 1 - 1414 The think the company of the second and the state of t

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	1-	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HY	GIENE REG. N	0.		
1		FRANCES	MIDDLE	Konia	macher	20 DATE OF DEATH	04 16	85 3	HOUR R: 20PM
)	2.56		Caucasian	5. DATEO	BIRTH Day Year	6 AGE (IN YEARS LAST BIR	YRS		FUNDER 24 HRS
5	7a. 81	RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Montgor	1)EATH	MD
8	5	iver Spring	IT NAME OF HOSPITAL, NURS	REET ADDRESS)	SPITA	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		NO. KIND OF B	Home
5	USU,	AL RESIDENCE (IF PURSING HOM OR OF TATE 130 SOUNT	TY JI3c. CITY OR TO	DWN II	34 INSIDE CITY LIMITS? YES NO D	13e.STREET ADDRESS	/ '	HANE	4 ROAF
C	14 FA	THOMAS A	y. Mook		S. MOTHER'S MAIDEN NA	L/A	7	+ + LLE	4
/		VAS DECEASED EVER IN U.S., ARN YES NO R UNKNOWN] (IF YES, GIVE	AED FORCES? 166 SOCIAL SE WAR OR DATES) 2/2-20		PARTIN S	S. KONIGM	ACHER		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY M.	Keerse	an dire	26		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
	N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONTRIBUTION OF	MULICE OF CANCEL	free pen ot RELATED TO THE TERM	Lepus MINAL DISEASE OR CON	DITION GIVEN IN	2 G	<i>4.</i>
7	CERTIFICATION	190. DATE OF OPERATION 4-15-87	196 CONDITION FOR WHAT	- /	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
2	V	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR	ZIE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	JE FARM ETC)	TH LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		220 I certify that (I) (this haspite saw the deceased alive on_ abave, (I) (sue) (aid) (did not)	4-16 19	ond . ond	that in (myr (aur) opinion	deoth occurred an the d	ote and haur and	I fram the cau	
1		226. SIGNALURE 226. PHYSICIAN'S NAME (TYPE OR	au NJala	- h		MEDICAL STA		A-16	SNED - ST
		MICHAEL D	\	mo	18/11/Pr	ner phil	nd o	Thung	and
	230 E	BURIAL, CREMATION, REMOVAL PECIFY) Cremation	23b. DATE 23 - 4/18/85 F	t. Lin		tory con Blad		NITRA.	P.STATEG.
B4	">	Weller Velle	254 Car Takoma H	roll Suneral	C TAB THE TA	PR 2 2 1985	256 REGISTRAR	SIGNATUR	E de la constante de la consta

and the first of the second the second secon MARYLAND MENT SINGER DONG A WEZI BELLEGE CHENNER KEND THOMAS W. Moine Consula THALEY AS No 215-12-14 Hids TW Fancesamen Com MEDICAL SECTION AS 105 E. L. 2001. Market State Transfer I are in the Barton

Cleared by Medical Examun STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH Di . JAVA 3900 REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT onald J. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR SEX BIRTH 1 9 2,3 CAUCASIAN TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CALIFORNIA U.S.A. WIDOWEDY DIVORCED MONTGOMERY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) HOLY CROSS HOSPITAL SILVER SPRING SALESMAN USUAL RES 130 STREET ADDRESS / ZIP CODE 1706 GLEN KARNEY PLACE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MONTGOMERY SILVER SPRING MARYLAND YES XX 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE ALTA MYNATT KRESKY JESSE ADTINO TONY STREET 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT BROTHER (IF YES GIVE WAR OR DATES) FT. SMITH, ARKANSAS 568-22-4964 CHARLES L. KRESKY WW II YES 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Syndrome A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINERS P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC } CITY OR TOWN NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from ,3 8 saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MID FUNERAL I Silver Spring MD. 20903 831. UNIV. ANAUTHA 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIEVE ROCKVILLE PARKLAWN CEMETERY BURIAL 5/8/85
24 FUNERAL DIRECTOR FRANCIS J. COLLINS

DHMH - 16 60M 7/84 (VRA 15, 4)

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

BY REGISTRAR 256-REGISTRAR'S SIGNATURE

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

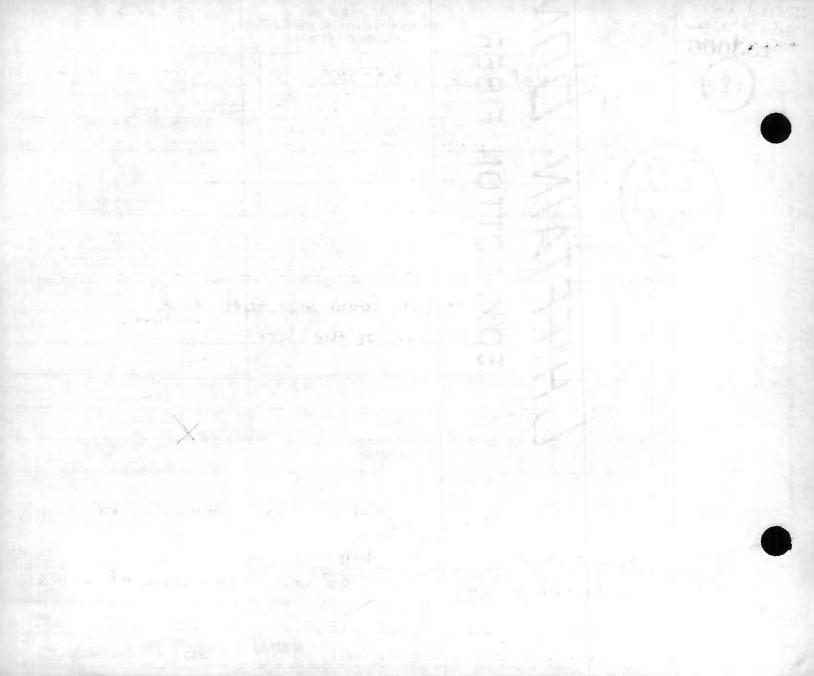
MD.

COUNTY

22c DATE SIGNED

2.30

IF UNDER 24 HRS

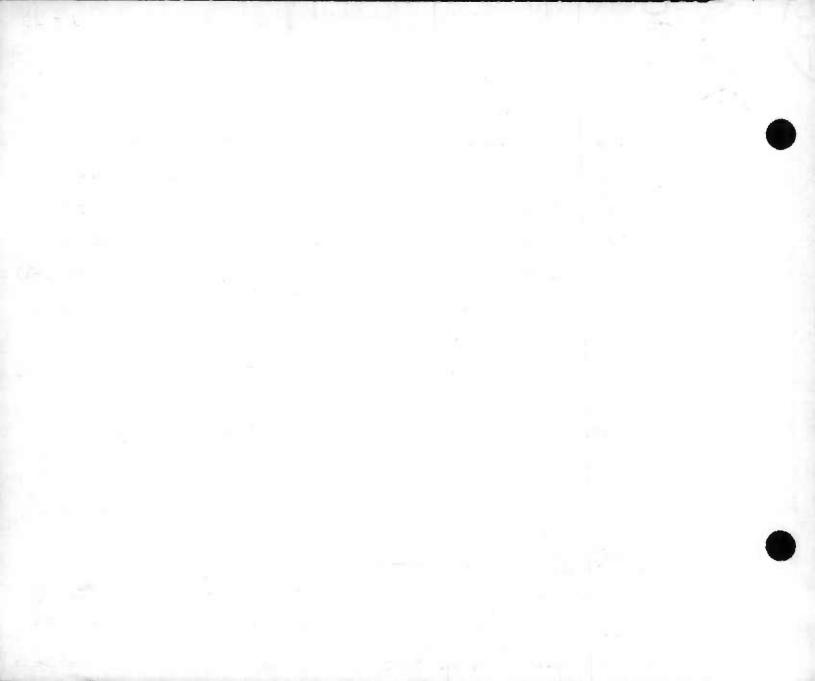


06058	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALT	H AND MENTAL HYG	REG. NO.	11968
r deceh		CEASED NAME CERST OR PRINT!	A Louis	LAST Kuba S. DATE OF BIR	elick	20. DATE OF DEATH MONT	05-85 35-3 PN
1		Male	Caucasian	Feb. 1	18°, 19°19	66	YRS.
(4 2 Ao X		RTHPLACE (STATE OF EOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED [NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
AL SO		nnsylvania	United States	WIDOWED	DIVORCED	Montgomer	y County M
100	Ro	ockville	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH ACTUITY, GIVE STREET SAAD OF OVE	Adventis	HER INSTITUTION	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WOR Dept. Commo	erce U.S. Gov'
filled in must be	13a. S	TATE 13b. COUN	other institution give residence before the strong	.11e 13d.	INSIDE CITY LIMITS?		d Court/20850
ond 2 sh		Andrew	MIDDLE Kubeli		Mary	Tresia	Chlesky
Poges 1		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV YES WW	MED FORCES? 166. SOCIAL SECULAR SECULA		_{nformant} hristophe	er B. Kubeli	ck 4020 S.7th Arlington,
nysicion opers. ovol. nt, the		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), or	nd (c).)		A-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the ottendin hen please remove corb to burial, cremation, orn ijury, or other traumatic	NO	PART 2 OTHER SIGNIFICANT (conditions CONTRIBUTING TO	/	RELATED TO THE TERM	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 1(0)
hos been t permit. T ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
is certificate ho buriol-tronsit promotel Hygien or Item 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART 2)
this of Med	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		LOCATION	CITY OR TOWN	COUNTY STATE
AAL DIRECTOR: After a detoched for use as the ore Dept, of Health on U.S. If them 21 is morked	<	saw the deceased wive or	ital) attended the deceased from the policy of the policy	ALL Fond the DEGI	of in (my) (our) opinion REE ATTENDING	death accurred on the date of	5 19 8 , that (I) (we) load hour and from the couses stated 27c DATE SIGNED 4/5/85
should be deto		MARIO 0	BELLEDON	INE !	ADDRESS 14816 PH	tysicians L	MOCKVILL
P		BURIAL, CREMATION, REMOVAL	Whiri	altimor	e Nationa	23d LOCATION Baltimo	ore, Maryland state
				900			

7021	1	FOR - STATE REGISTRAR		DEPART	MENT OF HI	CATE OF D	MENT A HYG	REG. N	10.	1969	
ا کی ا	(1)		rel	M C	AGR	ANGE		20. DATE OF DEATH	MONTH / S	8-5	HOUR PM
ge 4 a	3. S	Vemale .	4 RACE	Jamaican	S. DATE O	18	YEAR 38	47	YRS	ONTHS DAYS HO	OURS MIN.
nerol dir in 72 hou	9	BIRTHPLACE ISTATE OR FO COUNTRY) Jamaica, BW		OF WHAT COUNTRY	? 8. MARRIED WIDOWEI	NEVER A	AARRIED .	9. BALTIMORE CITY	OR COUNTY O	OF DEATH CO	MD.
by the fu) 10.	SETUS Y		E OF HOSPITAL, NURSI		SOI +	el	12a USUALOCCUPA (TYPE OF WORK FOR MOST Proprietor	OF WORKING LIFE)	industry	usiness or Private
filled in ould be to	130	UAL RESIDENCE (IF NURSI STATE Md.	NG HOME OR OTHER INSTIT 13b COUNTY	136. CITY OR TOV	WN 1	134 INSIDE C	ITY LIMITS?	13e STREET ADDRESS 2312 Peg	/ ZIP CODE	709	7/0
thin thin	14.	FATHER'S NAME		LAST			MAIDEN NAM	ME			
a Po		Ernest	MIDDLE	Barrette			Mary	MIDDLE Ja	ne	Latch	man
100	16a	WAS DECEASED EVER			URITY NO.	17 INFORMA		ADDI		220 0 0 110	
Pages medical		(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DA	579-70-	6696	Mr.	Victor	E. LaGran	oe/hush	and/same	e as 130
the r	-		4 · 5 · 4 · · · · · · · · · · · · · · ·	se per line far (o), (b), o			71001	D. Horan	ge/ mast	APPROXIMAT BETWEEN ONSI	
hysi ooo oot		PART I. DEATH W	AS CAUSED BY							BETWEEN ONS	I AND DEATH
eve m			IMMEDIATE CAUSE	(o) Hepatic	Failure	2				-	
o o o o o o o o o o o			DUE 1	TO, OR AS A CONSEQU	JENCE OF						
offendi nove cor ation, o fraumat		Conditions, if ony,	which ((b) Metastas	is Ext	ensive	Liver				
mot mot		gove rise to imm couse (a), stating	ediote)	TO, OR AS A CONSEQU							
by the		underlying cause	lost			1 . C D					
or o		21270 27152 2101		o Carcinom				hill Difference on Co.	UD IT ION I ON I	1 1 2 2 3 3	
sign sen p bo	Z		IIFICANT CONDITIO	NS CONTRIBUTING TO	DEATH BUT	NOT RELATED	IO THE TERM	INAL DISEASE OR COI	NDITION GIVE	N IN PART TO	
inj or T	CERTIFICATION		loui Cia	COLUMN TO THE PARTY OF THE PART	L OBERATION	LIVER OF DEC	2450	78a AUTOPSY?	Tank IF VEC	WERE FINDINGS	LICED
e prior	y 5	19a DATE OF OPERAT	ION 198. C	ONDITION FOR WHIC	HOPERATION	N WAS PERFO	KMED	200 AUTOPST		ING CAUSES OF	
rificote hos il-tronsit per tol Hygiene m 18 shows								YES NO	YES		NO 🗌
Hyg Hyg	U	210. ACCIDENT WAS UND		IME OF INJURY JR A.M. MONTH I	DAY VEAD	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN)	IURY IN ITEM 18 PAI	RT I OR PART 2)	
riol-trentel	4	OR CONTRIBUTING C	AUSE OF DEATH	P.M.	19						
burio Ment or Her	MEDICAL	21d. INJURY OCCURR	ED 21e. PI	LACE OF INJURY		211. LOCATIO			I Ou at	COUNTY	57475
	W		ILE [OME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	-	City OR 1	OWN	COUNTY	STATE
olth ond morked		AT WORK AT WOR	K				8	1-4-	15	85	
S de s			1/	led the deceosed from	-		_, 19				t (l) (we) lost
2 00		saw the decease	d olive on	body ofter death.	on, on	d that in (my)	(our opinion o	death occurred on the	date and hour	,	
Ped Fed		226. SIGNATURE	200		[DEGREE		4		22c. DAYE SIG	NED
te Depr		1 1 k	100	20		1	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN [14/15	185
Stole	-	22d PAYSICIAN'S NA	ME ITYPE OR PRINTL			22e ADDRES		Jonetion Linio	. 4	1	-
should be detoo with the State DIMPORTANT: If		1/10	L- S.	SAIA		809	Vie	rs AIII	Rd	Los	215
- 0 > -	23	BURNAL, CREMATION, (SPECIFY) Burial	REMOVAL 23b. DA 4-1	TE 23c 8-85		In Memo		23d. LOCATION CITY OF TOWN Sui	tla _{nd} ,	COUNTY	STATE
16 50M 4/83	24	FUNERAL DIRECTOR	Tal Division				25a. DAT	E REC'D. BY REGISTRA	DIREN DECICED	AR'S SIGNATURE	Ede W.
0 50M 4/83		John T. Rhi	Co	ADDRESS			CAFA	K & J07785	of many way	WIRROW- NOT	
		Julin T. Rhi.	non Was	1115 12+h S	I NE	D C	20017	The second secon			



STATE OF MARYLAND A STATE OF MARYLAND A STATE OF MARYLAND MENTAL HYGTENE



Particular Company of the company of minumed and for seal that were MOTRELL C CAREERS Orine line Ring 18/20/18 - See See See And Andrew - The Ball the telline was the Deflect will CT La Strict Conditions Littleway 1980-1 1 1980-1 1

1804 T ST., N.W., WASHINGTON, D.C. 20009

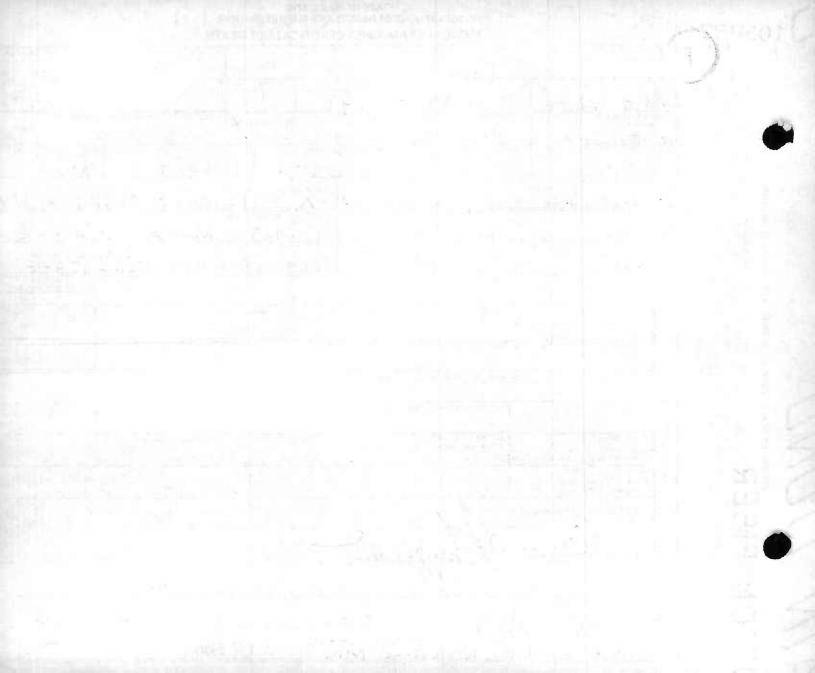
DHMH - 16 50M 4/10

(VRA 15, 4)



20M 4/82

STATE OF MARYLAND



120	93	2	1.	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENT APHYO CERTIFICATE OF DEATH	GIENE REG. NO.	7 4
	- '			CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26. HOUR
	at 13		(1YPE	Rober	t.	Lee	4.1	2.85 3.3044
	may r , page		3 SE		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	ector s aft		1	Male /	Black	Mar. 12.1905	80 YRS.	MONTHS DAYS HOURS MIN
	neral dir 72 hour	70	C	RTHPLACE (STATE OR FOREIGN) Ountry) Orth Carolina	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mont gomery	
	by the fulled within	90	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	121. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120	illed in bid be fife.	7	USU.	TATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOWN	ADMISSION) N 134. INSIDE CITY LIMITS?	Special Poli 13. STREET ADDRESS 1515 Critten	94197
IARYLA	pletely f	X	14 F/	THER'S NAME FIRST M	IDDLE LAST	15 MOTHER'S MAIDEN NA		den Street, N. W
ORE,	ages 1 and 2	3	Iáa V	VAS DECEASED EVER IN U.S. ARN (15 YES, NO OR UNKNOWN) (15 YES, GIVE Y	WAR OR DATES)	Lizzie RITYNO Mrs. Viola 9629 N. W. Wash	Lee-wife-1515	Harris Crittenden St
201 W. PRESTON ST.,	requires that the uear signed by the attendence for please remove carl to burial, cremation,		NOI	Conditions, if any, which gove rise to immediate cause 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) Metast DUE TO, OR AS A CONSEQUE	Kesprikatory At NCE OF Fathir Cancer OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECO	n. ate has been t permit. The	\overline{q}	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
DIVISION OF VIT	TO CONTINUE OF A LIEUDING PRINCIPAL. TO CONTINUE OF A LIEUDING PRINCIPAL. TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit permuit the State Dept. of Health and Montal Hygiene Montal Hygiene.		MEDICAL		P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.) al) ottended the deceosed from 19 S PRINT) NTAKHAB,	ARM, ETC.) 211 LOCATION STREET 212 LOCATION STREET 315 . and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 212 ADDRESS ADDRESS ADDRESS	CITY OR TOWN CITY OR TOWN LO HO 12. death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN TIVE BLVL Ro	county state 19 \$5, that (I) (we) last or and from the couses stated 170 DATE SIGNED 4.12, \$5.
9	BP		- (URIAL CREMATION, REMOVAL SPECEY) TEMALION UNERAL DRACTOR	April 16,198		TE REC'D. BY REGISTRAR 25h. REGIST	
	(VRA 15, 4) 1	//9	St	ewart Funera	1 Home-4001 B	enning Road N.E		4

1209321

FOR THE PARTY OF T

Candio desprenting ARREST

Homis mentalthas, bliefective Blief Reckish and

UNA.

109143

FOR STATE REGISTRAR

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL TYGIENE
CERTIFICATE OF DEATH

	REGISTRAR			ERTIFICATE OF DEATH		REG. NO.		
		FIRST	MIDDLE	LAST	20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
1.1.6	L ORFRIGIT	larion	S.	eech	April	14,	1985	6:55P N
S. SE	X	4 RACE	5.	DATE OF BIRTH	6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	
	Female	Cauca	sian	June 14, 1920	64	YF		NOORS MIN.
	IRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN	F WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
	shington, D	.C. Unite	1 Chahaa	DIVORCED [Montgom	ery Cou	inty	M
	ITY OR TOWN OF DEATH	1 11. NAME C	OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OC			OF BUSINESS OF
C	hevy Chase		Hamlet Place		Homes	naker	Own	Home
		HOME OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE ADA	13d INSIDE CITY LIMITS?	13e STREET ADI	ORESS / ZIP C	ODF .	
a	a 1 a	ontgomery	Chevy Chas		3538 Ha	mlet P	Lace /	20815
F	ATHER'S NAME	WIDDLE	TAST	15. MOTHER'S MAIDEN N		AIDDLE		AST
	Ralph	J.	Smith	Mary	ĵ	E.	Furn	eyhough
	WAS DECEASED EVER IN	U.S. ARMED FORCES		NO. 17. INFORMANT		ADDRESS		
- (No No	IF YES, GIVE WAR OR DATES	579-16-298	30 Miss Robin J	Leech,	Daught	er, Same	as #13
	18 CAUSE OF DEATH	Enter anly one couse	per line for tal, (b), and ic	West Control of the C				XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE 10).		Inanitio	on		2 mo	nths
			OR AS A CONSEQUENC	E OF				
	Conditions, if any, v	,		Carcinon	na of Mou	th	l ye	ar
	gave rise to immediately cause (0), stating		OR AS A CONSEQUENC	E OF				
	underlying cause	lost (c)						
	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TER	RMINAL DISEASE C	R CONDITION	GIVEN IN PART 1	10
CERTIFICATION								
S	190 DATE OF OPERATIO	196 COI	NDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPS		TYES, WERE FIND RTIFYING CAUSE	
TIF					YES 🔲 N	(X)	YES 🗌	NO 🗌
	218. ACCIDENT WAS UNDER	LICILID	E OF INJURY A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEA	A 18 PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAL	SE OF DEATH	P.M.	19				-77
MEDICAL	21d INJURY OCCURRED		CE OF INJURY STREET, FACTORY OFFICE, FARM	211. LOCATION		ITY OR TOWN	COUNTY	STATE
3	WHILE NOT WHILE		STREET, FACTORY OFFICE, FARM	(ic)				
	220.1 certify that (I)	www.ch attended	the deceased fram M	arch 19_6	l Apr	11 14,	19 85	, that (I) (will la
	saw the deceased	alive an Apri) (dx XX) view the bo	12 19 85	, and that in (my) (our) opinio	an death occurred o	in the date and	hour and from th	e causes stated
	226 SIGNATURE	11/11	.11	DEGREE				ESIGNED
	Almen	1. M	THE MY D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	9-	15-83
	224 PHYSICIAN'S NAM			22e ADDRESS		0.1.7		1/1 000
	Seruch T	. Kimble,	MD	9801 Georg	ia Ave.,	Silver	Spring,	Md. 209
	BURIAL, CREMATION, RE	MOVAL 236 DATE	1 23c. NAM	AE OF CEMETERY OR CREMATOR				
	Burial	17.	April 1985 Park	lawn Memorial Pa	ark Rock	ville	YINUO'J	Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

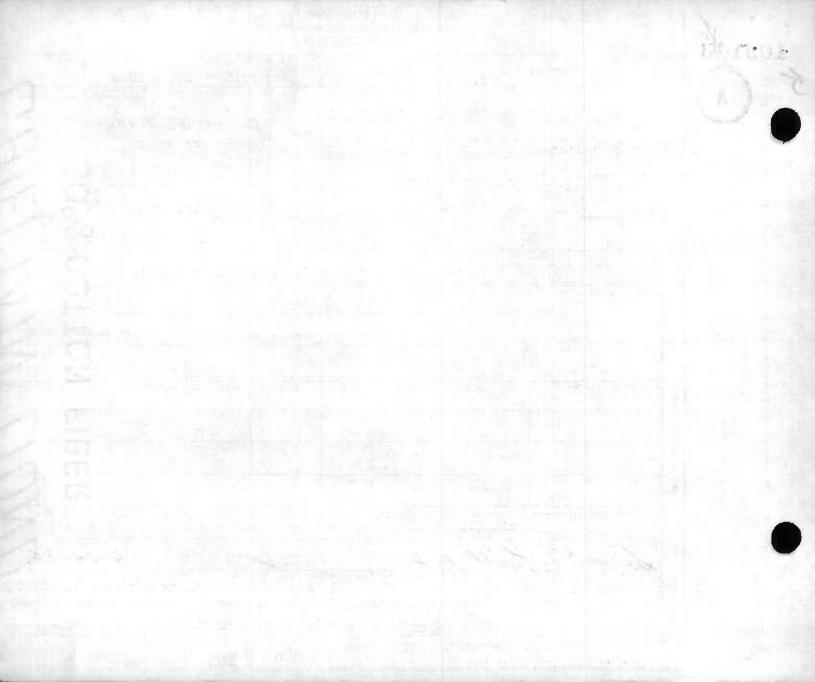
TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is

Burial

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P.A. Bethesa, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 1 7 1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	197	6			
1 DECEASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	HIMON	DAY YEAR	76 HOUR	
James	Er Er	nerson	Le	idy	Aj	pril	23,1985	5 11:42 M	
3. SEX	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS		
Male	W	nite	Nov		31	YRS		HOURS MIN.	
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUN.	TY OF DEATH	S I HAVE BEEN	
California	USA		WIDOWE	44	Montgomery	MD			
18. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	126 USUAL OCCUPATION 126, KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
Bethesda	NIH, Th	ne Clinic	al Ce	nter	Electrici	an	Rail		
USUAL RESIDENCE (# NURS) 13a, STATE New Jersey	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOWN ELizabet	N	13d INSIDE CITY LIMITS? YES X NO	136.STREET ADDRESS / 953 Walnut			07201	
FATHER'S NAME	WIDDLE	IASI		15. MOTHER'S MAIDEN NA				457	
Emerson	MIDDLE	Leidy		Gertrude	F.	T	heberat	.ĥ	
160. WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
no (YES, NO OK UNKNOWN) (IF YES, G	IVE WAR OR DATES)	150-42-0	e Leidy, mot	her.	same a	as nt.			
Conditions, if any, which gave rise to immediate cause to it, stating the underlying cause last	(b)_S	CARDIA R AS A CONSEQUE /P AORTI R AS A CONSEQUE	ENCE OF	MITRAL VALVE	REPLACEMENT	1			
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE)ITION G	IVEN IN PART I	lra:	
April 23 198	Aort:	ic stenos	is/Ao	n was performed rtic regurgit	a ves a NO	IN CERT	YES, WERE FIND TIFYING CAUSE YES [
	HOUR A.	M. MONTH DA		REGULE STA	PED JUNE OF INJUR	Y IN ITEM IS	8 PART OR PART 2	r.	
OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REEL FACTORY OFFICE F	ARM ETC]	211 LOCATION STREET	CITY OR TOV	VN	(OUNTY	STATE	
220 I certify that (IX(this hasp saw the deceased alive of above, 4) (we) (did) (state	oval) attended the Amilia	e deceased from	85	nd that in In (Dur) apinian	to April 2 death occurred on the do	3 te and h	aur and Iram th	/ /	
22b. SIGNATURE	who	1 1	N		MEDICAL STAF	IAN	41	24/45	
22d PHYSICIAN NAME (MPE	WICT A	17		22e ADDRESS Nation	nal Institut				

MPORTANT IF H should be detach with the State De DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W.

24 FUNERAL DIRECTOR Marshall's Funeral Home 4217 9th Street NW: Washington, D.C.

23b. DATE

4-26-85

23a BURIAL, CREMATION, REMOVAL (SPECIAL)

| 234 NAME OF CEMETERY OR CREMATORY Graceland Memorial Park Kenilworth , New Jersey LOCATION
CITY OR TOWN
Kenilworth , NJ BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE



FOR - STATE

REGISTRAR

STATE 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 1331 Rockville Pike, Rockville, Md. 20852 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

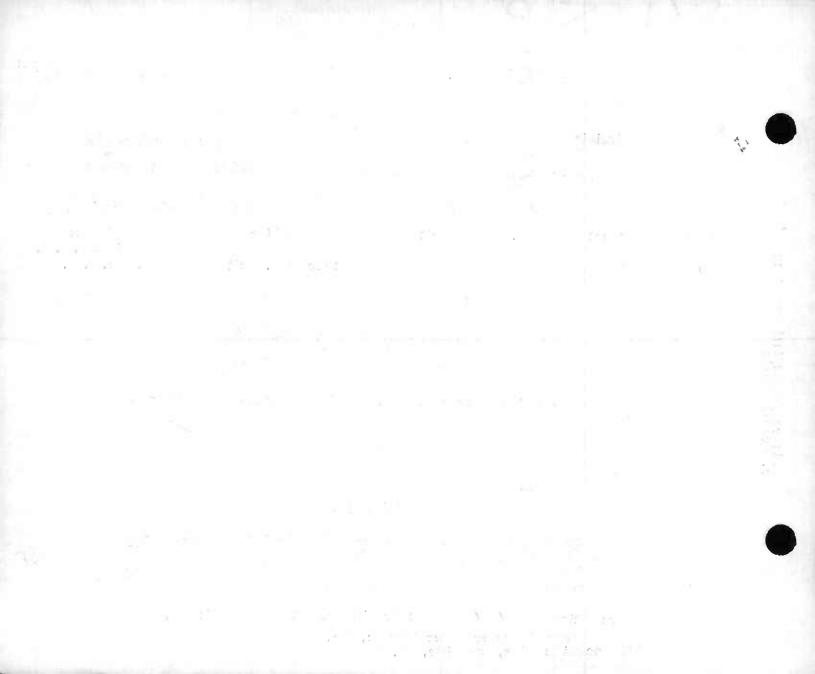
CERTIFICATE OF DEATH

26 HOUR

DAYS

Piggott

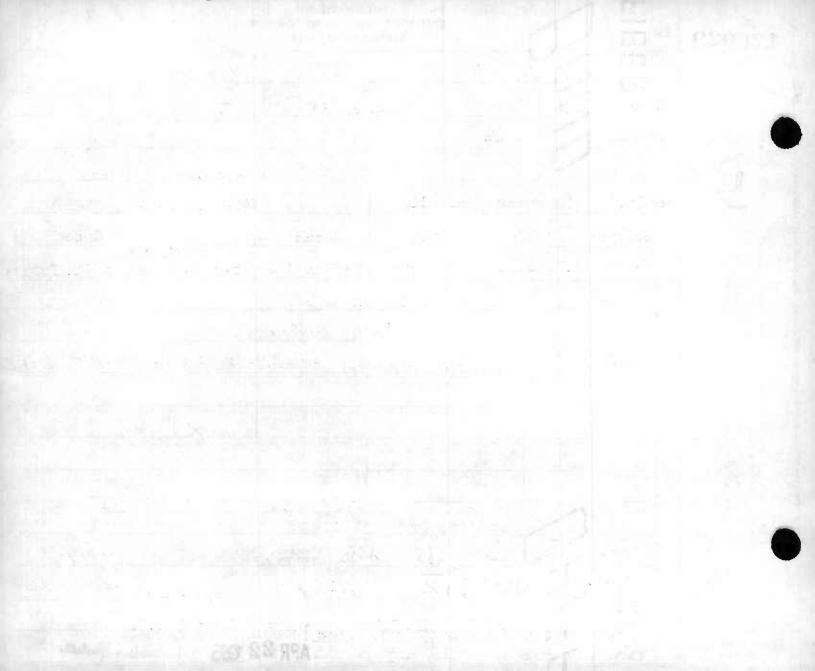
41



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2s. DATE OF DEATH DECEASED NAME LETTER CHERRISATE AGE ON YEARS LAST BIRTHDAYS IF UNDER LITTAR # UNDERTAINED Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH 7s. BIRTHPLACE - ENJAR DEFOREGO TA CITIZEN OF WHAT COUNTRY? Delaware United States | WIDDWEDT Montgomery County 17b. KIND OF BUSINESS OR TYPE OF WORK YOR WOST OF WORKING LIFES INDUSTRY Bethesda Music Musician SUAL RESIDENCE IN HURSING HOM OR OTHER HISTINGTO 34 STATE TO SOUNTY 13x STREET ADDRESS / ZIP CODE Maryland Bethesda 5702 Lone Oak Montgomery Drive/20814 H. FATHER'S NAME Harold Watson Lenderman Elizabeth Stock WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT Margaret S. Lenderman, same as Yes 14 CAUSE OF DEATH Enter only one course per PART I DEATH WAS CAUSED BY menede IMMEDIATE CAUSE IN Conditions, if any, which gave rise to immediate couse (iii), storing the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSYT 18h IF YES, WERE FINDINGS USED THE DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO IT 21k TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATION DE PORTE DE FERRE D ZIA ACCIDENT WAS UNDERLYING [HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EITHER: HOTER MEDICAL EXAMINERS H. LOCATION THE INJURY OCCURRED 714 PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) that in (my) |www. opinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (THE DEPRINE) Wisconsin Avenué the st erald Bethesda, Maryland 20814 230. BURIAL, CREMATION, REMOVAL 236. DATE MAY 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Silver Spring, Maryland 2, 1985 St. John's Cemetery REC'D. BY REGISTRAR 256/REGISTRAR'S SIGNATUSE 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 4/83 Homes, P.A. Bethesda, Maryland 20814 (VRA 15, 4)

2000 E VAN

120029	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH REG. NO. 1 MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 21								
n m=		CEASED NAME FIRST	,	WIDDLE	1	AST .	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
4 50 5 60	3. SE	Blanc	AL RACE		S. DATE C	man	6 AGE LIN YEARS LAST BIRT	HDAY) I IF US	DER I YEAR & UNDER 21 HRS		
- at		emale	White		Oct.	DAY YEAR	77	YRS.	HS DAYS HOURS MIN.		
1 1 19	9	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	DEATH on (RY MD.		
170	10 C	Bethes da		HOSPITAL, NURSIN H FACULTY, GIVE STREET		HOSPITA	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	WORKING LIFE) IT	No KIND OF BUSINESS OR NOUSTRY Home		
23	Ma Ma	*		GIVE RESIDENCE BEFOR 131. CITY OR TOWN ROCKVILL		134 INSIDE CITY LIMITS?	136 STREET ADDRESS / 14643 Baue	ZIP CODE	(20853)		
Some bad a sold of the sold of	14. F	Solomon Ru	ib in	Mintz		is. Mother's maiden na Sarah	MIDDIE		Cohen		
2 p p p /	16a \	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	MED FORCES?	166. SOCIAL SECU		17. INFORMANT		a. 2085			
2 52 E/				577-48-7		Phyllis Wass	serstein;108	6/ Debo	rah Dr.; Potom		
rificati physical property emoval		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (o)	CARDI	AC	ARREST			5 MINOS		
sorth ce tending re corbi on, or n		Conditions, if ony, which	DUE TO, O	RAS ACONSEQU	NCE OF A	TIC SHOCK			6 DAYS		
that the di to the at conserved at cremation		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	RASA CONSEQUE			OR MYOCAR	DACIA	TARET 6 MA		
salut o phui o phui o phui	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN II	N PART Ito		
he tank hos been t permit iene prior	CERTIFICATION	190 DATE OF OPERATION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO		
SICIAN: Thing physicial certificate hurial-transiti entol Hygie tem 18 sho		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
G PHYS offending er this or the burner ond Me the dor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	ARM, ETC)	211 LOCATION STREET	CITY OR FO	vn /	COUNTY STATE		
OR ATTENDIN e hospital ar DIRECTOR: Aft sched for use Dept. of Health		22a.1 certify tho hosp		1/// 10		nd that in (my) (our) opinion DECREE			thos (II) (we) lost from the couses stoted		
HOSPITAL MINERAL July by th FUNERAL July by detect of the Store		THE PHY ACIAN'S NAME GYPE	OR PRINT)	N, JR	/	ATTENDING PHYSICIAN 220 ADDRESS 11125 ROC	MEDICAL STAF DIRECTOR PHYSIC	VE ROI	KINUE, NS		
0 6 6 6 7 3 4	23a	BURIAL, CRANATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ro.	UNITY STATE		
BP	L	Burial	4/19/8	35 Mt	Leb	anon Cemetery	Adelphi	: P.G.:	Maryland		
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR DANZAN	IVA POO	DBEKG MEI	/UKLAL	CHAPELS IN THE	REC'D. BY REGISTRAR	75b. REGISTRAR	SSIGNATURE		





11.9	012	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HE	OF MARYLAND SALTH AND MENTAL H	YGIENE REG. NO.	8 1
1/2)			CEASED NAME FIRST OR PRINT)	WIDDLE	LAS	1	20. DATE OF DEATH MONTH D	AY YEAR 2h. HOUR
* 1		(1.11)	Franci	s Buck	Liv	esey . Jr	April 18, 1985	9:00 ^A M
		3. SEX		4 RACE	5. DATE OF	BIRTH DAY YEAR		F UNDER LYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
ecto	1	1	Male	Caucasian	Oct.	3, 1897	87 YRS.	
6 - P	251	(RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED	X NEVER MARRIED		
deo	(B)		aryland	United Stat			Montgomery Count	y Maryland MD.
s ofter by the	2	Ch	evy Chase	Bethesda Re	reet address) tiremer	nt Center	THE OF WORK FOR MOST OF WORKING LIFE EXECUTIVE	lize kind of Business or Industry Sun Life of Amen
within 24 hour	90	130. S Ma	ryland Mont	gomery Chevy	Chase	34 INSIDE CITY LIMITS' YES NO 5. MOTHER'S MAIDEN	13e.STREET ADDRESS / ZIP CODE 3701 Bradley	Lane 20815
MAR w	100		Francis	Buck Livese		Eleanor	NAME T.	Rites
MORE, MA	medicol	16a V	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (1E YES, GY Y C S			Adele D.	te ADDRESS Livesey Same as	s item 13
SALTI ore b	the .			nly one couse per line for (a), (b)	, and (ci.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ornfice	even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	rein	miles	Š.	montes
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or offending physician. When this certificate has been signed by the offending physician and completely filled in by the offending physician and completely filled in by the offending physician and completely filled in by	njury, or other troumotic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE Ib)	QUENCE OF	or related to the ti	Le prostate ERMINAL DISEASE OR CONDITION GIVE	iylars N IN PART 1(0)
NI RECOI	ond Mentol Hygiene prior ked or Item 18 spaws ony i	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA	Tol Hyg		21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18. PA	ART I OR PART 2)
VISION O G PHYSIC offending er this cert		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND tolo	of Health 21 is mar		224.1 certify that (I) (this bosp sow the deceased alive or		a me	that in (my) (aur) opin	on death occurred on the date and hour	ond from the couses stoted
TO HOSPITAL OR ATT retained by the hosp TO FUNERAL DIRECT	MPORTANT If Item 21 is	22- 0	226. SIGNATURE LUSSELL 226. PHYSICIAN'S NAME (TYPE C	M. Tilley, M	n. ≥	22e ADDRESS	. Ave. NW Washir	22c DATE SIGNED 4-18-45 ngton DC
DD.		230 6	Burial, Cremation, Removal		Druid 1		CITY OR TOWN	COUNTY STATE
DHMH - 16 5 (VRA 15		24. FL	HOMES, P.A., B	RT A. PUMPHR	EY FUNI		APR 22 1985	e Maryland RAR'S SIGNATURE
							U.F.	· S / 17/20



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	-)	3	2

		CERTIFICATE OF DEATH REG. NO.								
DECEASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	2b. HOUR	
TYPE OR PRINT)	Raque	1	P.	Lor	у	April 13,	1985		5:15 Am	
SEX		4. RACE	200		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
Female		Caucas	ian	Apri	1 4, 1940 YEAR	45	YRS.	MUNIHS DATS	HOURS MIN.	
BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	12 8		9 BALTIMORE CITY O		OF DEATH		
Peru		United	States	WIDOW	D NEVER MARRIED DIVORCED X	Montgomery County.				
CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12 USUAL OCCUPATION IN UNID OF BUILDING				
Chevy Chas	e		CHEACILITY, GIVE STRE		t	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Secretary Chamber of				
UAL RESIDENCE (IF	NURSING HOME OF	R OTHER INSTITUTION	L GIVE RESIDENCE BEFO	ORE ADMISSION)					Comme	
aryland	Mon t	gomery	Chevy C		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4428 Stanf	ord S	treet	/ 2081	
FATHER'S NAME	110111				15 MOTHER'S MAIDEN NA					
Emilio		M.	Silva		Aurora	MIDDLE L.		Ova	11e	
WAS DECEASED EV		RMED FORCES?	16b SOCIAL SEC			er DeclatoM	firphy	Pries	t	
(YES, NO OR UNKNOWN	(IF YES GI	VE WAR OR DATES)	579-68-	6673	7500 Pearl St					
			4		7500 Teal St	rect, beene	Juu,		MATE INTERVAL	
PART I. DEAT	H WAS CAUSE	ED BY:	r line for io), (b), o	an An	entra //11	MIN MA		BETWEEN	INSET AND DEATH	
Conditions, if gove rise to	any, which	(b)_	DR AS A CONSEO							
gave rise to cause (a), st underlying co	any, which immediate oting the ouse last.	DUE TO, O (c)	PR AS A CONSEO	DUENCE OF	T NOT RÉLATED TO THE TERM	inal disease or con	DITION GIV	EN IN PART 10		
gave rise to cause (a), st underlying co	any, which immediate of the ouse last.	DUE TO, O b)_ DUE TO, O (c)_ CONDITIONS C	OR AS A CONSEO	DUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES	EN IN PART 100 S, WERE FINDING CAUSES S T	IGS USED	
gave rise to couse (o.), st underlying co	any, which immediate ofting the puse last. IGNIFICANT RATION UNDERLYING	DUE TO, O b) DUE TO, O (c) CONDITIONS C 196. COND 216. TIME C	OR AS A CONSEO	DUENCE OF	ON WAS PERFORMED 212. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?	
gave rise to couse (0), st underlying co	TRATION UNDERLYING CAUSE OF DE	DUE TO, O b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. TIME C HOUR A	OR AS A CONSEO ONTRIBUTING TO OTTION FOR WHIC OF INJURY .M. MONTH	DUENCE OF DEATH BUT TH OPERATIO	ON WAS PERFORMED 212. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?	
gave rise to couse (0), st underlying co	ERATION UNDERLYING CAUSE OF DE	DUE TO, O b)_ DUE TO, O (c) CONDITIONS C 19b. COND 19b. TIME C HOUR A R) P 21e PLACE	ONTRIBUTING TO	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19	216. HOW INJURY OCCURI	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUI	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S T PART I OR PART 2)	IGS USED OF DEATH? NO	
gove rise to couse (01, st underlying counderlying compared to the country of the	ERATION CAUSE OF DE CAUSE OF	DUE TO, O b)_ DUE TO, O (c) CONDITIONS C 19b. COND 19b. TIME C HOUR A R) P 21e PLACE	OR AS A CONSEO ONTRIBUTING TO DITION FOR WHICE OF INJURY .M. MONTH	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?	
gave rise to couse (io), st underlying co. PART 2. OTHER S. 196 DATE OF OPE 21g. ACCIDENT WAS OR CONTRIBUTING (if Either Notify 21d, 10 URY OCC. WHILE NOTIFY NOTIFY OF THE NOTIFY O	ERATION UNDERLYING UN	DUE TO, O b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. TIME C HOUR A R) P 21b. TIME C 41H HOUR A ATH ATH ATH ATH ATH P 21b. PLACE (ATHOME ST	ONTRIBUTING TO	DUENCE OF D DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC.)	216. HOW INJURY OCCURI	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUI	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S T PART I OR PART 2)	IGS USED OF DEATH? NO	
gove rise to couse (101, st underlying counderlying compared to the country of th	ERATION UNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED UNDERLY CURRED UNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED UNDERLYING CONTROL EXAMINE CURRED	DUE TO, O DUE TO, O CONDITIONS C 19b. COND 19b. COND ATH HOUR A R) 21b. PLACE (AT HOME ST	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	DUENCE OF D DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM ETC.)	216. HOW INJURY OCCURI	200 AUTOPSY? YES NO ENTER NATURE OF INJUI CITY OR TO	20b. IF YES IN CERTIFYE YE RY IN JIEM 18 P	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	IGS USED OF DEATH? NO STATE	
gove rise to couse (01, st underlying cc underlying cc PART 2, OTHER S 19a DATE OF OPE 21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC WHILE AT WORK AT WORK AT AND AT WORK AT AND AT WORK AT WORK TO A SECOND AT WORK AT WORK AT WORK TO A SECOND AND A SECOND AT WORK AT WOR	ERATION UNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED UNDERLY CURRED UNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED UNDERLYING CONTROL EXAMINE CURRED	DUE TO, O b) DUE TO, O (c) CONDITIONS C 19b. COND 19b. TIME C HOUR A R) P 21b. TIME C 41H HOUR A ATH ATH ATH ATH ATH P 21b. PLACE (ATHOME ST	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM ETC.)	216 HOW INJURY OCCURI 216 LOCATION STREET	200 AUTOPSY? YES NO ENTER NATURE OF INJUI CITY OR TO	20b. IF YES IN CERTIFYE YE RY IN JIEM 18 P	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	IGS USED OF DEATH? NO STATE	
gove rise to couse (10), st underlying co PART 2. OTHER S 196 DATE OF OPE 216. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC WHILE AT WORK AT WORK AT Sow the decobove. (11) we not to sow the decobove. (11) we not sow the decobove.	ERATION UNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED UNDERLY CURRED UNDERLYING CAUSE OF DE MEDICAL EXAMINE CURRED UNDERLYING CONTROL EXAMINE CURRED	DUE TO, O DUE TO, O CONDITIONS C 19b. COND 19b. COND ATH HOUR A R) 21b. PLACE (AT HOME ST	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO ENTER NATURE OF INJUIT CITY OR TO death accurred on the death acc	20b. IF YES IN CERTIFINE TO SERVINIEM IB. R	COUNTY 19 S 10 T ond Irom the	IGS USED OF DEATH? NO STATE	
gove rise to couse (10), st underlying co PART 2. OTHER S 196 DATE OF OPE 216. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY). 216. INJURY OCC. 216. INJURY OCC. Sow the dec obove. (11) we constituted to sow the decobove.	RATION RATION CAUSE OF DE MEDICAL EXAMINE UNDERLYING CAUSE OF DE MEDICAL EXAMINE UNDERLYING (I) (this hosp eosed olive e) (did) (and not only the content of the cont	DUE TO, O b) DUE TO, O (c) CONDITIONS C 19b. COND 21b. TIME C HOUR A P. 21e PLACE (AT HOME ST	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM ETC.)	216. HOW INJURY OCCURI 216. HOW INJURY OCCURI 216. LOCATION STREET 19.8 nd that in (my) (gur) apinion DECREE ATTENDING PHYSICIAN (200 AUTOPSY? YES NO ENTER NATURE OF INJUI CITY OR TO death accurred on the de MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES IN CERTIF YE RY IN ITEM IB. R	COUNTY 19 S 10 T ond Irom the	STATE	
GOVE rise to couse (oil, st underlying co.) PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY.) 21d. INJURY OCC. WHILE NOTIFY. 22a. I certify tho obove. (I) w. 22b. SIGNATURE	CAUSE OF DE WORK I WHILE WORK WAS CONTROL WORK WO	DUE TO, O b) DUE TO, O (c) CONDITIONS C 19b. COND 21b. TIME C HOUR A P. 21e PLACE (AT HOME ST	OR AS A CONSEO ONTRIBUTING TO OF INJURY M. MONTH M. OF INJURY REET FACTORY OFFICE The deceased from 19 volter death.	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM ETC.)	216. HOW INJURY OCCURION 211. LOCATION STREET 19. 8 nd that in (my) (gur) apinion DECREE ATTENDING PHYSICIAN 220. ADDRESS 1056	200 AUTOPSY? YES NO ENTER NATURE OF INJUIT CITY OR TO death accurred on the death acc	20b. IF YES IN CERTIF YE REPORTED TO THE ORDER OF THE ORD	COUNTY Or and from the Apri	IGS USED OF DEATH? NO STATE	

DHMH - 16 60M 7/B4

BP.

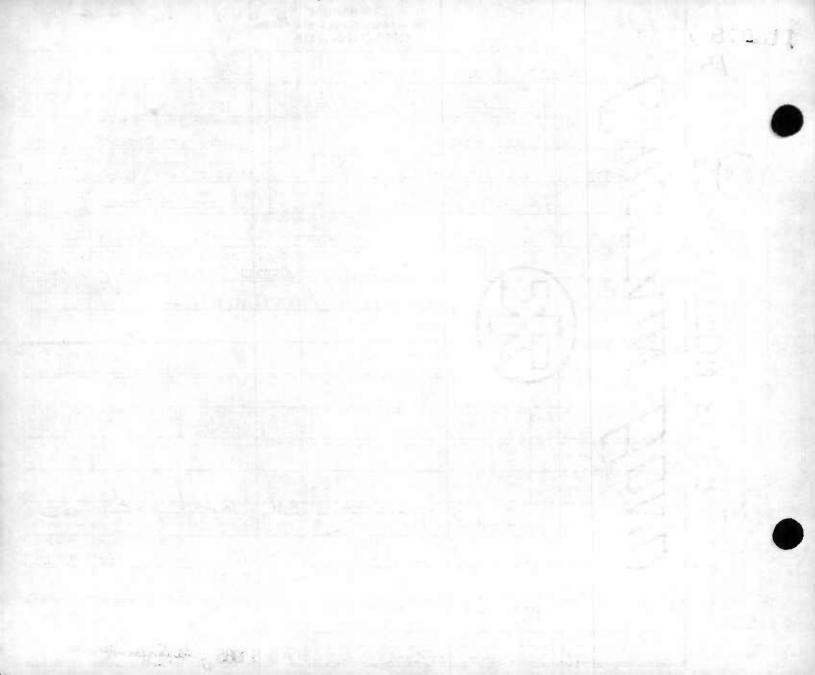
should be detached for using with the State Dept. of Hee IMPORTANT: If He

(VRA 15, 4)

Burial 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, Bethesda, Maryland P.A.

Gate of Heaven Cemetery Silver Spring, Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

June Davidson-Randall



FOR - STATE

STATE OF MARYLAND CEPTIFICATE OF DEATH

	REGISTRAR				CERTIT	CAIL OI D	LATIII.	REG. N	O.		
	ECEASED NAME	FIRST	1	MIDOLE	L/	151		2a. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
(C OK LIMIT!	Dorot	hy S	tark	L	oveland	1	April	4	1985	9.55pM
3. SE	X		4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
	Female		White	e	Marc	h 10	1907	78	YRS	MONIHS DAYS	HOURS MIN.
	IRTHPLACE ISTATE OF	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	□ NEVER M		9 BALTIMORE CITY C		OF DEATH	
	country) ennsylvania			USA	WIDOWE		ORCED	Mor	tgome	rv	MD
	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSII	NG HOME O		ITUTION	12g USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
Si	lver Sprin	g		7 Laurie				Homema			home
USU	JAL RESIDENCE (IF NURS		OTHER INSTITUTION		E AUMISSION)	13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS			
	ryland		gomery	Silver			NO 🗌	12707 Lau			20904
14. F.	ATHER'S NAME		AIDDLE	LAST			MAIDEN NAM			EAS	
1	John	,	WIDDIE .	Starl	c.		oebe	MIDDE			ov d
160.	WAS DECEASED EVER	IN U.S. ARA	MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMAL	NI	ADDRI			
	(YES, MYS ANKHOWN)	(VENT	AWAR OR GATES)	164-07-6	540D	Shirley	Lovel	and-dau-in-	·1aw-(same as	13e)
	18 CAUSE OF DEAT	H (Enter onl	y one couse per	Inge for (a), (b), or	nd (c)		0			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		E CAUSE (o)	and oto	Tex U	ence	Weze	lans		3-76	un
	1	110165		RAS A CONSEQU	IENICE OF	1-		Oceans			
	Conditions, if any	which	(th)	Bont	enn	0 44	mlin	descent			
	gave rise to improve to couse (a), statu	nediate	DUIT TO 0	Adlaner	IENICE OF						
	underlying couse		DUE TO, O	RASACONSEOU	ENCE OF						
	PART 2. OTHER SIGI	VIFICANT C	ONDITIONS CO	ONTRIBULING TO	DEATH BUT	NOT RELATED	IO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	3
ATION		ase	meg y	Men	et 1	hres	200				
18	19a DATE OF OPERA	TION	Tin coyo	LION FOR WHICH	OPERATION	WAS PERFOR	RMED	20e. AUTOPSY®		S, WERE FINDIN	
CERTIFIC								413 1 40X	YE		NO [
ER L	71s. ACCIDENT WAS UN	- Sund	216 TIME O		AY YEAR	The HOW IN	JURY OCCURS	RED TENIER NATURE OF THE	61 (N)(1) = 18 Y	F687.1.10H F681.25	
¥.	OR CONTRIBUTING []		171	M. Modern D	19				-		
MEDICAL	214 INJURY OCCUR	RED	THE PLACE		amentur.	211 LOCATIO	M	nin awa	ranto.	COUNTY.	10400
₹	with Classic	41 F)	1 KE HOME STO	REL LACTORY DRIVER					_		
	77u.1 certify that its	Office September	top mended th	ir decygoed from,	My		19 8 2	- 10 agrif		(o)	that in (we) fast
	sow the decrease	ed alive on.	gnay	alter death.	0850	d that in (my)	opinion (death occurred on the d	ate and hou	o and born the	cooses stated
	775. SPSHIATURE	John not	1	anir deam.	- 1	EGREE				73s DATE	SIGNED
	Ven	~1/x	1	un_	m	0 4	TTENDING K	MEDICAL STA	H TAN I I	4/5	1/1
	22d. PHYSICIAN'S N	AME (TYPE OF	R PRINT)			22e ADDRES		DIRECTOR CONTRACT		1 //-	
	Den	nie l	R. Schu	mer MD		1/201	Tauro 1	Park Dr. I	auro1	Md 2	0.70.7
23a	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR C		23d LOCATION	aurer		
	Burial			, 1985 La				Linwood	C	hester	PA.
24 F	FLINEDAL DIRECTOR						25a DAT	E REC'D. BY REGISTRAR			
Hi	nes/Rinald	i Fun	eral Ho	me 11200	J N.H. er Spr	Ave., ing, Mo	. AE	PR 9 1985		Laiden	Bands =
				OTTV	CT Obt			UR PRO	74 1960	man of the par	1

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

End stay lead & Hystems From aromeny Dend During Que

STATE

REGISTRAR

DECEASED NAME

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Restaurant 13e STREET ADDRESS / ZIP CODE 8607 Ewing Drive/ 20817 Gurtner -13 - 85 - 4 - 238-84- 4-85 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? COUNTY STATE 19 85 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22r DATE SIGNED April 23,1985 DIRECTOR PHYSICIAN NW. Washington, D.C. Apr. 24, 1985 Metropolitan Crematory Alexandria - Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, DHMH - 16 60M 7/84 P.A. Bethesda, Maryland (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

1AM

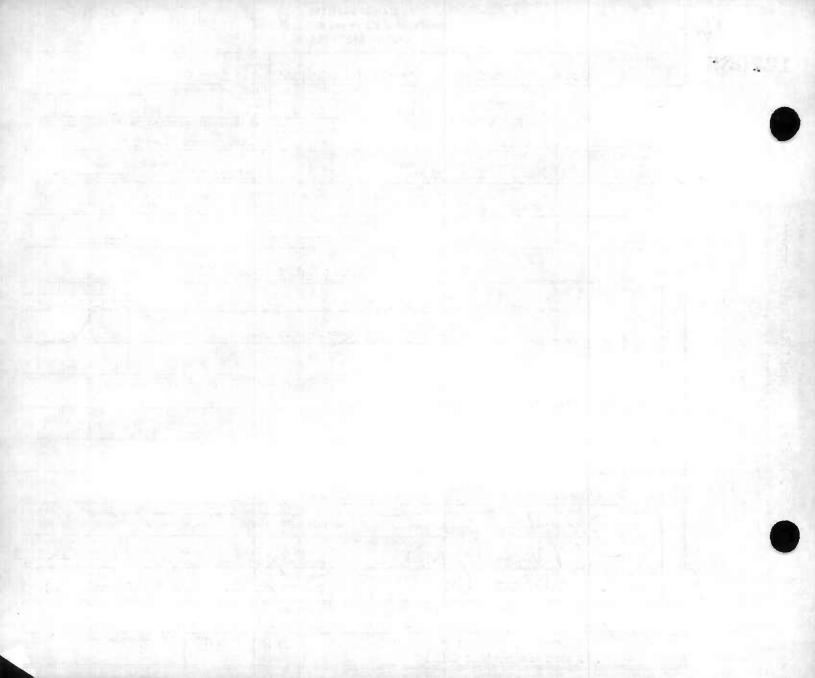
12h KIND OF BUSINESS OR

IF UNDER 24 HRS

23, 1985

IF UNDER I YEAR

20 DATE OF DEATH



500 UNIV. BLVD. W. SILVER SPRING MD. 20901

STATE OF MARYLAND

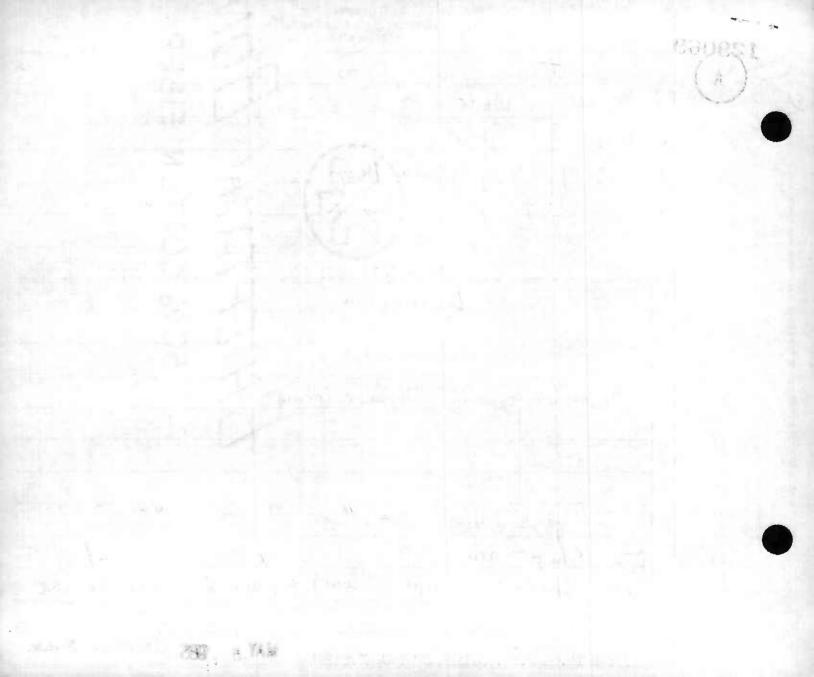
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)



126016	1.	FOR STATE			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTA						
		REGISTRAR					ICATE OF DEATH		REG. N		986	}	
4 E E		OR MINIT	FIRST		MIDDLE		AST	20	DATE OF DEATH	MONTH #	AX TYAE	76 HOUR	
moy be . poge 3 er death			Marga		Farmer		Iver		4-17	-		PM	
moy r. pog fter de	3 SE		4	RACE		S. DATE C			GE TIN YEARS LAST BIR	(THDAY)	F YANDER 1 YEAR ONTHS DAYS	# UNDER 24 HRS. HOURS MAY	
Page 4	1	Femal	2	W	hite	- 11	29 19	14	70	YRS			
hold of		RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNT	RY? 8	D NEVER MARRIE	9 B	ALTIMORE CITY C	<u>)R</u> COUNTY	OF DEATH		
Seotl Seotl	1	Canal Zone		U.S		WIDOWE	D IVORCE	D 🗌	Montgome			MD.	
ofter o	10. CI	TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	HOSPITAL, NUI	TREET ADDRESS	DROTHER INSTITUTION	(TYI	USUAL OCCUPAT PE OF WORK FOR MOST O dministr	OF WORKING LIFE	12b. KIND O INDUSTRYD SChoo	Publ	
be fil	USU	AL RESIDENCE LIE NURS	NG HOME OR O	THER INSTITUTION.	GIVE RESIDENCE BI	EFORE ADMISSION	VETTIST	man fin		. 710 0005			
filled 124 h		aryland	Monte	gomery	Silver	Spring	13d. INSIDE CITY LIM		STREET ADDRESS 500 New F		re Ave	20903	
ig 45 6	_	THER'S NAME					15 MOTHER'S MAID			roun portz			
ed will	Δ	lfred	M	ADDLE	Gibso	272	Cucl	kler	WIDDLE		Farme		
5 0	16a V	AS DECEASED EVER			166 SOCIALS		17. INFORMANT	7701	ADDR	ESSS1 TVE	r Spri	ng, Md.	
n and co	(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	278-1	6-6015	J. Rober	t Care	v. 10111	Coles	ville	Rd	
rtificate by physicial and papers. emayol.		18 CAUSE OF DEATH PART I. DEATH W	I (Enter only AS CAUSED IMMEDIATE	BY	11	NICK	IRY F	File	110		APPROXE BETWEEN C	MATE INTERVAL ONSET AND DEATH	
es prince					R AS A CONSE	QUENCE OF	Calle				6	week	
the death the attend remove co emotion, c		Conditions, if ony, gove rise to imn couse (a), statin	rediote	DUE TO, O	R AS A CONSE	QUE NCE OF	Carcino	417			84	uom u	
that the d by the lease recolor, cremon or other		underlying couse	lost	(c)									
requires that the reason signed by the it. Then please rem or to buriol, cremony, or other t	NOI	Mult	ince	· M	40/04	ent,	O OU	CARO	(40 ms)				
on. De low has be has be ne prime ene ene prime ene ene prime ene ene ene ene ene ene ene ene ene e	CERTIFICATION	19a DATE OF OPERAT	10/4	196 COND	FOR WH	IICH OPERATIO	N WAS PERFORMED		ES NO		WERE FINDING CAUSES		
itySICIAN: The ding physicic conficulty of the physicic contribution of th	ä	21a ACCIDENT WAS UND		21b. TIME C		DAY YEAR	21c. HOW INJURY O	OCCURRED	ENTER NATURE OF INJU	JRY IN ITEM IB PA	RT + OR PART 2)		
HYSICIAN Iding physical ph	¥	OR CONTRIBUTING C		P.		19							
1 6 6 - 0	MEDICAL	214 INJURY OCCURE		21e PLACE	OF INJURY	SICE FARM FICT	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE	
DING PH or often After the e as the alth and marked (2	WHILE NOT WH	ILE _	(**************************************			1	ndf	15	1.1	A-	^	
TEN Infal TOR: or us 21 is		sow he decease	d alive on_	ol) ottended to	DICI	D	nd that (my) (our) o	opin on death	to	lote and hour	ond from the	that (we) last	
OR ATTEN e hospital DIRECTOR sched for u Dept. of H		27b./5/NATURE	/ Augustion	view the body	after death.		DEGREE				77L DAY€	SIGNED	
0 8 0 80 =		Mes		Leux	Moa	1	ATTENE PHYSIC	DING M	EDICAL STA RECTOR PHYSIC	FF CIAN 🗌	4/1	8/85	
HOSPI nined b sold be ORTA	.	CITOMAS A	BEL	US/ALGE	& MIJ	752	22e ADDRESS	WAY	GRI	Dire	brode	elt mo	
Of of of the of		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMA		3d. LOCATION		COUNTY	20220	
BP		Burlal		4/22/	1.		Lawn Ceme	etery	Grinsby	Ontar	rio, Ca	nada	
DHMH - 16 50M 4/83	24 F	INERAL DIRECTOR J	oseph	Gawle	r's Sor	s Inc.			C'D. BY REGISTRAR				
(VRA 15, 4)	1	"51 30 Wi	sc. Av	re. N	W. Wash	D.C.	,.	APR	2 4 1985	Lulia	Janidan	Bunda Ba	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Management X

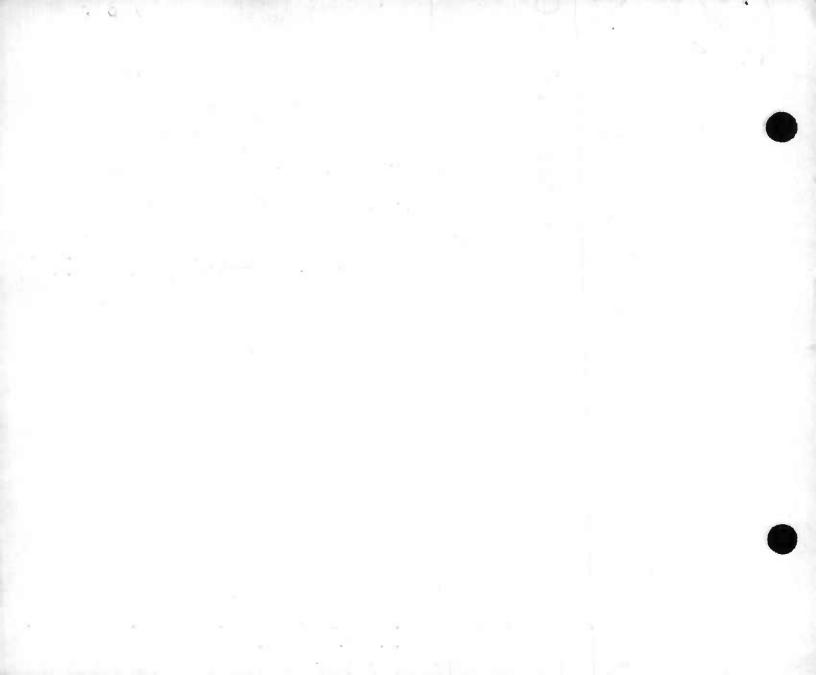
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH

10		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.			
T		CEASED NAME	FIRST	Α	AIDDLE	I.	AST	I	20 DATE OF	DEATH MONTH	DAY YEAR	2b, H	
	{14b	E OR PRINT)	drei	na		M	agee			4-	11-85	5	6 pm
\	3. SE			RACE 1		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAY		DER 24 HRS
)		Femal	0	Whi	ite	MONTH	31	92	9	2		5 HOUR	RS MIN
G	7a. B	IRTHPLACE (STATE ORF	OREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER M	APPIED T	9. BALTIMOR	E CITY OR COU	NTY OF DEATH		
7		New York		us	SA	WIDOWE	DW DIV	ORCED [' I	iontgome	ry		М
10		ITY OR TOWN OF DEA				URSING HOME C			120 USUAL O	CCUPATION FOR MOST OF WORKIN	126 KIND NG LIFE) INDUSTR		INESS O
		lver Sprin				1 Villa	Nursing	Home	Home	maker	own	home	7
36	13a	AL RESIDENCE (# NURS STATE [aryland	136 COUN		13c CITY OR		136 INSIDE CI	TY LIMITS?	130 STREET A	odress/zipc erra St	oo∉ reet 20	290	27
	14. F	ATHER'S NAME	N	AIDDLE	LAS	T	15. MOTHER'S		\E	WIDDIE	1	r AST	
0		Jesse		Pl	nettep.			ry.			Hota1		
1		WAS DECEASED EVER				SECURITY NO.	17 INFORMAN			17268 L	ockwood	Dr.	#180
	_	YES, NO OR UNKNOWN) N/A	N,	A A	578-2	6-3676	Edrena	J. Mage	ee-dau-	Silver	Spring,	Md.	2090
4		18 CAUSE OF DEATH	H (Enter anl	y one cause per	line far (a), (l	bi, and ic	1 -	Da +			BETWEE	N ONSET A	AND DEATH
				E CAUSE (a)		91	196-1	gress			101	7170	tes
		1		DUE TO, OI	R AS A CONS	SEQUENCE OF	11		h		7		41
		Canditions, if any, gave rise to imn		(b)		10	To m	700	auro	Lega .		mor	1/7/
		cause (a), stating underlying cause	9	DUE TO, OF	R AS A CONS	SEQUENCE OF							
		PART 2 OTHER SIGN	HEICANITO	(c)	ALTRIBLITIAL	C TO DEATH BUT	NOT DELATED	TO THE TERM	NIAL DISEASE	OR CONDITION	CIVEN IN DART	1100	
	Z	PART 2 OTHER SIGN	VIFICAIVI C	ONDITIONS <u>CC</u>	NIN IN	1 1	2	IO INE IERMI	INAL DISEASE	OK CONDITION	OIVEN IN FART	II d	
7	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFOR	RMED	20a AUTO		F YES, WERE FINE		
8	Ħ								YES 🗌	NO	YES [D
0	S. S.	210. ACCIDENT WAS UND		21b. TIME O		H DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTERNAT	URE OF INJURY IN ITEM	A 18 PART OR PART 2	}	
	N. P.	OR CONTRIBUTING (IH .		19							
	MEDICAL	21d INJURY OCCURE		21e PLACE (FFICE FARM ETC)	211. LOCATIO	2		CITY OR TOWN	COUNTY		STATE
	2	AT WORK NOT WH	ILE .	TAT TOME STR	et racion, o	01		10		1			-31
		22a.l certify that it		al) attended the	e deceased f			19 7	, ta	11 Hary		., that	fr (we) la
4	l	saw the decease above, (1) (we) (c	did did nat	view the body	after death.	, .		aur) apinian d	leath accurred	an the date and	haur and fram th		
		22b. SIGNATURE	9	0			DEGREE	TTENDING	MEDICAL	STAFF	22c. DA	TE SIGNI	ED
1	Į	//	/ _				P	HYSICIAN [DIRECTOR [PHYSICIAN	1//	po	18
2		1714 PHYSICIAN'S A	cha	I leib	ouin	nun	22e ADDRESS	Reeff	are has	Are S	dy 2	090	24
<u> </u>	23a	BURIAL, CREMATION,	REMOVAL	236 DATE		28c. NAME OF C	EMETERY OR C	REMATORY	25d. LOCA	TION -	COUNTY		STATE
		Burial		4-13-	1985	Ft. Li	ncoln (Pr. Geor		Md
13		UNERAL DIRECTOR	-		118	QQ N.H.	Ave.,		_		GISTRAR'S SIGN		27
	Hi	nes Rinald	i Fund	eral Ho	me		161	AP	1 1 7 1	985			917

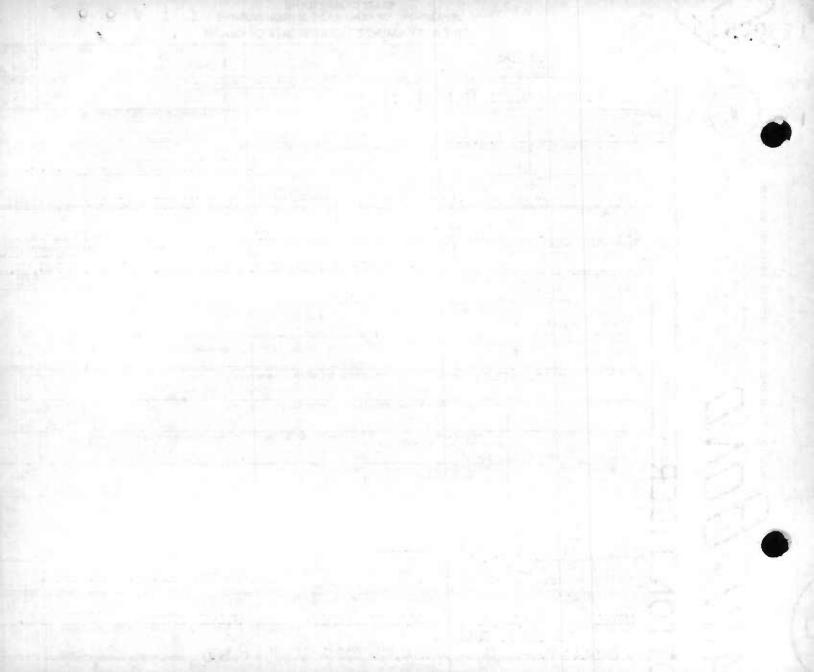
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

the hospital

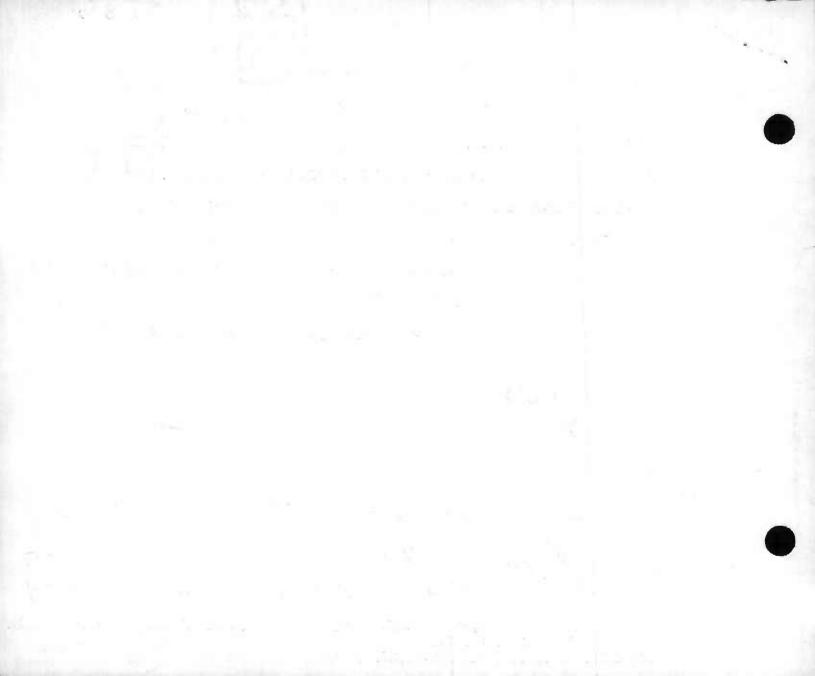


	1	FOR			DEDADTM	STAT		ARYLAN		VOIENE	-	1 9	8	8		
11.3025	11-	STATE REGISTRAR		N	EDICAL E						н	REG. NO				
為各項表出	1. DE	CEASED NAME E OR PRINTI	MARKI		O.		MANI	NING			DATE KI OF DEATH /	NOWN [3		15 1	₉ 85	2b HOUR
A STREET	FE!	MALE	WHITE	MARCH 1	5,1907	AGE (IN YEAR LAST BIRTHDAY 78 YRS	MONTHS	DER 1 YR.	IF UNDER 2		DATE CONOUNC DEAD	CED	4	15 I	YEAR 1985	12:03
Van Berley	FO	RTHPLACE (STA	ATE OR	76. CITIZEN OF			MARRIE		VER MARRIE	ED L		comery	_		ATH	5
A THE PLANT IS NOT THE	10. CI	VORK	OF DEATH	(IF NOT IN SUC	OSPITAL, NURS	SING HOME,	OR OTHE		TION	12a. USUA	L OCCUPA	ATION (TYPE ING LIFE) CLERK	OF WORK	12b. KINI OR I	D OF BUS	Υ
ANY DEL AND 3 TO RETAIN P POULID BE RECORDS	USU A 130. S	TATE	13b. COU	OR OTHER INSTITUTION	13t. CITY C	OR TOWN	N) T	13d INSIDE (I	ITY LIMITS?	13e. STREE	T ADDRES	S				
S FUNDED		MARYLANI ATHER'S NAME FIRST OLE	2 I MONI	GOMERY		\\$T		15. MOTHE	ER'S MAIDEN	L 322 N NAME	7 HEU		VENL	LA	209 AST	06
BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PI IVISION OF VI	(Y		EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		AL SECURITY -14-10		17. INFORA	MARY MANT 1 NNE M.	DAUGH		ADDRESS 7330	8 DA	ARKI UPHI	NE S	TREET
KECUTED WITHIN 24 HOURS AFTER DEATH NG" IN PENCIL IN ITEM 18. GIVE PAGES I. CAL EXAMINER ALONG WITH FORM PM BURAL "TRANSIT PERMIT. PAGES I"AND AND MENTAL HYGIENE, DIVISION OF MAITON, OR REMOVAL.	7	Condition gove rise	TH WAS CALLED	DUE TO,	ine for (o), (b),	ond (c).) ole integration	jurie							906 WE		
CAL RECOR	CERTIFICATION	190. DATE OF	NIFICANT CONDITION		Hypert DITION FOR W	ensive	e car	diova AS PERFOR	ascula:	r dis				HEA	UTOPSY? AD_ON ES [2]	LY No. []
#34725	MEDICAL CER	21a. EXTERNAL UNDERLYING CONTRIBUTION 21d. INJURY O WHILE AT WORK	OR IG CAUSE OF CCURRED	DEATH 2:40	OF INJURY M. MONTH I M. 4-5- E OF INJURY ACTORY, FARM, ETC. road	1985 (AT HOME,	Dri	ver c	occurred of auto	o/tru	CITY OR TOWN		on.	ounty	omery	STATE MD
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA		22a I certifi death resulte ACTUAL SIGNATURE_		ge of the remains ural causes ,	Accident [ide .	Homic TITLE (S	Inspection cide SPECIFY) stant	Undeterr	Inquiry [mined man	ner ,	DATE SIGNI	pinion	16-8	5
O MEDIO XECUTE AGE 4 % FTER DE ALTIMO		EXAMINER'S N	1)	M. Dixo				DDRESS_				Balto	., M	id. 2	1201	
BP DHMH - 17 (VR A15 ME (5))	[5	BURTAL UNERAL DIRECT NAME	FRANC	4/18/85 IS J. GO. W., SILV	LLINS	ATE OF		JEN	250. DATE RE	23d, LOC. CITY OR STL EC'D. BY RI	VER_S EGISTRAR		STRAR'S	MONT SIGNATU		MD.
20M 4/B2				WITTH	A OF A	WU JUILU .				- 3	U			April -		



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL WIGHERE

FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 26 DATE OF DEATH MONTH 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING OME OF OTHER INSTITUTION KIND OF BUSINESS OR NDUSTRY 13d INSIDE CITY LIMITS? YES 15 MOTHER'S MAIDEN NAME 17 INFORMANT Same 18 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 10 mi DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

gove rise to immediate couse (o), stoting the underlying couse

190 DATE OF OPERATION

Conditions, if ony, which

- STATE

70 BIRTHPLACE

13g. STATE

14 FATHER'S NAME

FIRST

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY-

IMMEDIATE CAUSE (D)_

3 SEX

REGISTRAR

4 RACE

DECEASED NAME (TYPE OR PRINT

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

85

216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

19 21f LOCATION

21 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 7)

CITY OR TOWN

STATE

sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death

220.1 certify that (1) (this hospital) attended the deceased from. 19 85

AT HOME, STREET FACTORY, OFFICE FARM, ETC)

__ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

DEGREE

ATTENDING EDICAL

22c DATE SIGNED

230 BURIAL CREMATION REMOVAL

23b. DATE

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

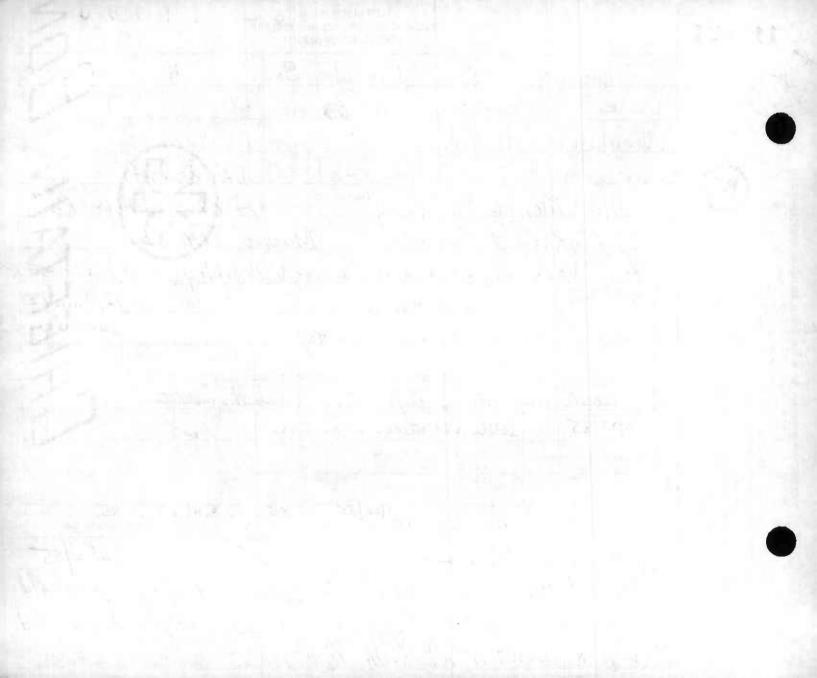
DHMH - 16 60M 7/84 (VRA 15, 4)

auld b

MPORTANT

CERTIFICATION

MEDICAL



LOCOT William St. 122 Section of the Secti 25, 194 AND DESIGNATION OF THE REAL PROPERTY OF THE PARTY OF THE FIGURE 1 THE PROPERTY OF STATE OF THE PARTY AND THE STATE OF California of the factor of the second of th AND THE PROPERTY OF THE PROPER 22 -15-35 H. B. H. B. H. C. H. B. H. C. H. B. H. C. H. B. H. EISETER TO THE THE PROPERTY OF

 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR LIVEE OR PRINTS 85 Laurence Mason IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 21 MRS 1914 May 70 White BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED New Hampshire USA Montgomery DIVORCED [WIDOWED H CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 120 USUAL OCCUPATION Metropolitan TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Holy Cross Hospital Retired Officer Silver Spring Police Dept. SUAL RESIDENCE (IF NURSING OME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Prince Georges Belts ville 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 3508 Castleigh Road 20705 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDOLE MIDDLE LaPointe Josephine Harry Mason 60, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 579-36-8404 Cecile A. Mason-wife-(same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY: CARDIORESPIRATORY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ind HOUTE MYOCARDIAL INFARCTION ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 3/17/25 GANGRENE SMALL BOWEL 71g ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION COUNTY LITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) NO WHILE 220 1 certify that (1)(this hospital) attended the deceased from and that in any Daur) opinion death occurred on the date and have and from the causes stated saw the deceased alive DEGREE 22b. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF M 22e ADDRESS 1106 SPRING ST, SILVER SPRING MD

230 BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY 236 DATE

Cremation

Apr. 10, 1985 Lee's Crematory 11800 N.H. Ave.,

Washington, D.C. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Hines Rinaldi Funeral Home

Silver Spring, Md.



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ATH REG. NO.

		CEASED NAME OR PRINT)	ELS I		C.		HIAS		20 DATE OF DEATH APRI	L 25,	1985	26 HOUR	P
	3. SE	Female		4. RACE White)	S. DATE C	DF BIRTH 13, DAY 1909		AGE (IN YEARS LAST BIF		FUNDER I YEAR	IF UNDER 2	
5	We	RTHPLACE (STATE OF STATE OF ST		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARR	IED 📙	BALTIMORE CITY O Monte		OF DEATH		MD.
5		Rockville		Shady	Grove Ad	venti:	st Hospit		120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF H. Maker	OF WORKING LIFE)		e e	SOR
5		AL RESIDENCE (IF NUI STATE Md.	13b COUN MOT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW taithers	urg	13d Inside City Li Yes 🔀 No	_ 1	3e STREET ADDRESS 442 E. D	iamond	Avenu	208 7 e	7
1		THER'S NAME	-	MIDDLE Fi	tzwater		Maria Maria	An:	tionette		ohne LAS	51	
/	16a. V	VAS DECEASED EVE YES NO OF UNKNOWN) NO			166 SOCIAL SECU 217–36–97		Lewis W	. Mat	hias S	ame as	# 13		
	CERTIFICATION	Conditions, if on gove rise to im couse (a), stati underlying cous PART 2. OTHER SIG	mediate ing the e lost.	DUE TO, OI		NCE OF VO	iscular		elent NAL DISEASE OR CON 200 AUTOPSY?	20b IF YES,	is		<u> </u>
1	MEDICAL CERTIF	21g. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUP WHILE NOT WAT WORK AT WORK	CAUSE OF DEA	21e PLACE	m. month da m.	19	214. HOW INJURY 214. LOCATION STREET	OCCURRE	YES NO X	YES		NO STA	
1		220.1 certify that (I saw the decea obsee/(I) (ye) 22b. SIG (AT ST	sed alive an (did) (did no	A Pull	7/1		DEGREE ATTEN PHYSI	IDING X	MEDICAL STADIRECTOR PHYSIC	FF CIAN []	22c. DATE 4-2	5-85	
	(BURIAL, CREMATION SPECIFY) BURIAL	, REMOVAL	APR. 27	,1985 F	orest	Oak Ceme	tery	23d LOCATION Gaither				JE.
		rancis H.	Barbe	r Lay	tonsvidle	, Md.	20879	750. DATE	REC'D. BY REGISTRAR		AR'S SIGNAT		1

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

When the er dine		.1 -		
	1991, 1992	1.26		4.4.
and the second second	Anthony valence		at the half	
William Street Street 7 Jak	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e vidi .		
e tel e not		ed early	4.5	
	Section of the	Maria Aura		
	S.A. Johnson	813		
	43			
THE DE LINE				
B. Milliamena a . Karris	AND A TELEPINA	1 to a fill	10 mm. 1 mm.	
	And the second	128.1,12.51		
	400		Present in the	

10					STATE OF MARYLAND	5 9	9 4
20077	1 -	FOR STATE		DEPARTM	ENT OF HEALTH AND MENTAL HTG	IENE	
20933		REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDL	E	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
may be	,	Albert	trank	Mati	is	4-17-85	75×8AM
moy moy	3. SE	(4 RACE	, , , ,	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS
S of s	0	nale.	Black		MONTH DAY YEAR	62 YRS.	ON HS DAYS HOURS MIN.
() 1/ Bair Bo		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OF DEATH
deoth.		OUNTRY	175 2		MARRIED NEVER MARRIED UNIDOWED DIVORCED	man and a	
he fune within	10. CI	THER TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	128 KIND OF BUSINESS OR
_ 5 -0 -	7	L. D. I.	(IF NOT IN SUCH FAC	HITY, GIVE STREET A	DDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
hours of the be file	TISU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE	RESIDENCE BEFORE	MOSQ.TCJ	Retired	
24 Ph 35	13a S	TATE 13b. COUR	NTY 13c.	CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	24743
A S III O I	M	aryland P.	G. IS	eat Pl	easan ^{YES} 🖳 NO 🗌	7225 Hylton S	treet
d 2 2 sh	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
Comple w	LA	lbert	F	Mathi	s Lona		Thompkins
executed on the state of the st		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECUR	ITY NO. 17 INFORMANT	on B. Mathis-wi	*
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician. Whending physician. When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled in by any manual hygiene prior to burial, cremation, or remayol. Or has a proper to the proper property of the pro		ves	5	77-24-	1353 Hylton Str	eet Seat Pleas	ant Md
ALT ALT sicro pers ol.		18. CAUSE OF DEATH (Enter or	nly one couse per line	for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTON ST., BAL 1 that the death certificate d by the attending physici lease remove carbon paper inal, cremation, or removal. or other traumatic event, th		PART I. DEATH WAS CAUSE	ED BY TE CAUSE (o)	CARD			
Z cert		IMMEDIA					
on, o		Conditions, if any, which	DUE TO, OR AS	SEP?			
and		gave rise to immediate) (0)			/	
Serve the state of		cause (a), stating the underlying cause last.	DUE TO, OR AS	Land	NARY INFGC	201	
201 ss th ss th pleo pleo rriol,		DART 2 OTHER SICANISICANIT	(c) (c)		EATH BUT NOT RELATED TO THE TERM	/ -	ALINI DART I.
Ros, 2 r signe Then p injury.	Z	RENAL 1	FAILURG		BOT NOT RELATED TO THE TERM	HIVAL DISEASE OR CONDITION GIVE	IN IN PART IIO
been real prior t	CERTIFICATION	190 DATE OF OPERATION	W / Tage		OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES.	WERE FINDINGS USED
ION OF VITAL RECO	FIC	2/13/85	ADRTIC		DISEASC 4 CORONARY	IN CERTIFY	ING CAUSES OF DEATH?
NOF VITAL R SICIAN: The Ing physicion. certificial has ririal-transit pe entol Hygiene flem 18 shows	E	210. ACCIDENT WAS UNDERLYING	* 1 * 1		121E HOW INJURY SCEUR	113 110 1113	
ANS.		OR CONTRIBUTING CAUSE OF DE		MONTH DA		CED LENTER NATURE OF INJURY IN THEM IS PA	RI I ORPARI 2)
SION OF VIII PHYSICIAN: ending physician this certifical this derivial-tron and Mental Hy d or frem 18:	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19		
/ISIO	WED	21d. INJURY OCCURRED	21e PLACE OF II (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVIS POR DIVIS POR OFFICE OF STREET TO STREET	_	AT WORK NOT WHILE AT WORK					
O O O E		22a. I certify that (I) (this hasp	- 1///-		2/13 1985	to1	9
F = 0 0 + 5		saw the deceased alive of above, (I) (we) (did)/dia no	ot) yiew the body afte	r death.	, and that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
OR A DIRE oched Dept.		22b. SIGNATURE	,		DEGREE		22c. DATE SIGNED
the Date Date Date Date Date Date Date Dat	1	XI · A	enel w	,	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPITAL inded by the FUNERAL build be detailed by the Store by the St	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS /03/3	GEORGIA A	VENUE
		DAMIR	NEIMA	-	Single		D. 20902
0 6 0 8 M	23a. B	URIAL, CREMATION, REMOVAL	T23h DATE	123c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	(SPECIFY)	A			CITY OR TOWN	COUNTY STATE
		urial INERAL DIRECTOR	Antil		5 Harmony Memor	FREC'D. BY REGISTRARIZS REGISTR	over Maryland
DHMH - 16 50M 4/83		NAME (1- Dew	Thinkes !	≤ A	FREC'D. BY REGISTRAR 256. REGISTR	Savidam Randose
(VRA 15, 4)	Sto	ewart Funera	L Home-4	001 Be	nning Road N.E.	- 5 1303	and the total and an indirect



1	STATE REGISTRAR			DEI ARTI			F DEATH	OILINE	REG.	NO.			
	CEASED NAME	FIRST		MIDDLE	L	ASI		20 DAT	OF DEATH	MONTH	DAY YEAR	26 HOU	
(146)	E OR PRINT)	CLARA	MARIE	MATTHEWS				AH	PRIL 9	1985		9:4	49 a
3. SE	Х		4 RACE		5. DATE C			6. AGE	IN YEARS LAST	BIRTHDAY	IF UNDER I YE		
	FEMALE		CAUCAS	IAN	FEBR	UARY	7 1934	51		YRS	MONTHS DAY	S HOURS	MIN.
	IRTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D FENEVI	ER MARRIED	9 BALTI	MORE CITY		TY OF DEATH		
	ASH INGTON,	DC	UNITE	STATES	WIDOWE		DIVORCED [MON	TGOME	RY			MD.
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION		IAL OCCUP	ATION STOF WORKING		OF BUSINE	SS OR
	BETHESDA			NAVAL HO	SPITA	L			USEWI		AT	HOME	
USU 13e	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		F13d INSID	E CITY LIMITS?	13a STDE	ET ADDRES	S / ZIP CO	DE		
MAI	RYLAND		OMERY	KENSING		YES [NOX				AVENUE	20895	5
14 F	ATHER'S NAME		AIDDLE	Į AST		15 MOTH	ER'S MAIDEN NA		MIDDLE			LAST	
	ALBERT	SUNDA		(ASI			JOSE	EPHINE	LEES			.AS1	
	WAS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17. INFOR				DRESS			
1	NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	577-42-	9419	STEP	HEN H.MA	TTHEV	IS.400	5 LAW	RENCE A	VENUE	
	18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), on	d (c).		SINGTON					OXIMATE INTER	VAL
	PART I. DE ATH W	AS CAUSED	BY:	ND STAGE		R_DISE	FASE						
		WWWEDIATI		r as a consequ									
	Canditions, if any,	which	(b)	R AS A CONSCOO	ENCLOF								
	gove rise to imm	mediate	DUE TO O	R AS A CONSEOU	ENICE OF								
	underlying cause		(6)	R AS A CONSCOOL	LINCE OI								
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELA	TED TO THE TER/	MINAL DIS	EASE OR CO	ONDITION C	GIVEN IN PART	110	
Š													
CERTIFICATION	90 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PEI	RFORMED	70a A	UTOPSY?	20b IF	ES, WERE FINE	INGS USER	0
E			14.4					YES	NO]	YES X	NO [
	210. ACCIDENT WAS UND		21b. TIME C	FINJURY M. MONTH D.	AY YEAR	21c HOV	/ INJURY OCCUP	RRED (ENTE	R NATURE OF I	VJURY IN ITEM I	8 PART I OR PART 2)	
TAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		****	M.	19								
MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			211. LOC/	ATION REE!		CITY OF	IOWN	(OUNTY	5	STATE
Σ	NOT WE AT WO	HILE	(AT HOME STI	REET FACTORY, OFFICE, I	ARM EIC)	,	NEL.		2117 01	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	
	220.1 certify that (I)	(this hospit	al) attended th		MARCI		19 85	, to	APRIL		1985	, that (I) (v	
	saw the decease above, (1) (we) (c	ed alive on	APRII	glass doub	85, or	nd that in (my) (aur) opinion	deoth acc	urred on the	date and h	aur and from t	ne causes sta	ated
	226 SIGNATURE	ara) (ara mor	view ine body	direr deam.		DEGREE	*				22c. DA	TE SIGNED	
2	LWHal	U U	me			MD	ATTENDING PHYSICIAN	MEDIC	OR PHY	TAFF SICIAN 📈	101	An 85	
	22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e ADD	RESS NAVAL				MEDIC	AL CON	MAND
	L. W. HA	LL, L	T, MC.	USNR			IONAL CA						
23o	BUDIAL CREATION		23b DATE		NAME OF C		OR CREMATORY		OCATION				
	BURIAL		4-12-	1985 F	. LIN	COLN	CEMETER	YB	RENTW(DOD.	P.G.C	M	id.
24 5	INTERNITORIES						Inc. D.	TE DECID	DIV DE CHETO	1000 050			

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR

W. W. CHAMBERS CO. INC.

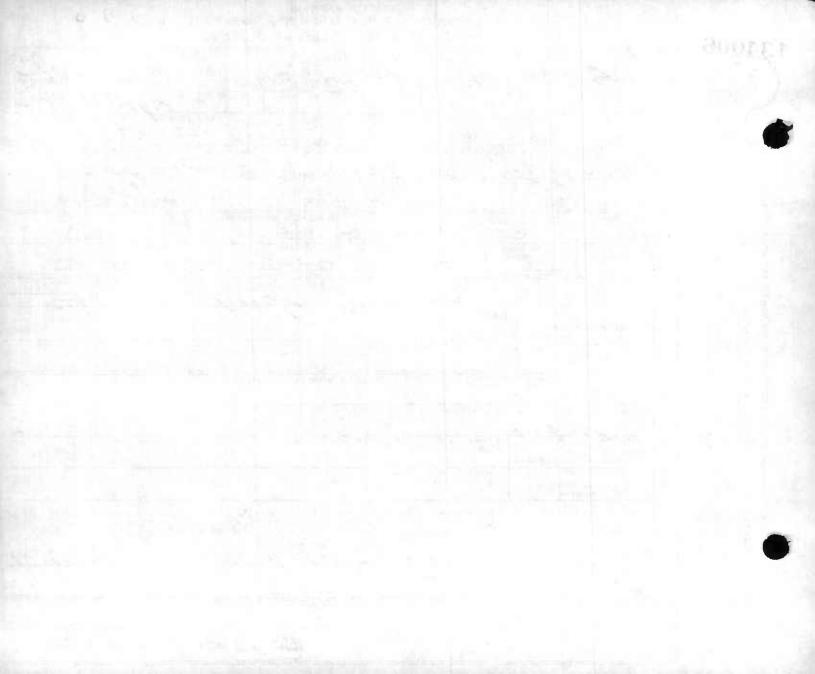
STEVER SPRING, Md. APR

Md. P.G.C.

The second transfer of the Parish Control of the second

The state of the s

		1					MARYLAND		0 0	6
		1-	FOR STATE				H AND MENTOL HY		7 7	0
13	4006	L	REGISTRAR	f libri			CERTIFICATE OF	REG.		
19	1000		E OR PRINT	Anthony	MIDJE	May	hew /	20 DATE KNOWN	MONTH DAY	YEAR DEOLE
(K9898	3. SE >	1. RAC	nthon		AGE (IN YEARS IF O	NDER 1 YR. TIF UNDER 2	DEATH MAT	WONTH DA	319 J7 - >7 A
6	25 E S S	a. SE/	4. KA	MONTH	DAY YEAR	LAST BIRTHDAY) MON		4 HRS 16 DATE PRONOUNCED DEAD	1 -12	Co 74
W _	NA VE	70 B	RTHPLACE (STATE OR		5 24	60 YRS.	v	9 BALTIMORE CIT	OR COUNTY OF	TO N
-	出版の意思	FC	eryland	1	USA	MAR	RIED K NEVER MARRIE		2680	,
	NEW SERVICE		TY OR TOWN OF DE	ATH II NAME C		SING HOME, OR OT		120 USUAL OCCUPATION	TYPE OF WORK 126 K	KIND OF BUSINESS
	A HARAS	10	840	Charles III	SUCH FACILITY, GIVE STR	EET ADDRESS)	Dreat A	Typewriter	Repair	OR INDUSTRY
	SEN SEN	USUZ	LE IDENCE (FINN	VASINE NOME OR OTHER INSTITU	ITION GIVE RESIDENCE BE	EFORE ADMISSION)	40042/14		20	740
2120	\$355000		ryland	PG	Cam		13d INSIDE CITY LIMITS?	5708 Hartw	ell Str	reet
9	CALL SHIP		THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN			LAST
E,	DEATH.	Jo	hn	C	May	hew , Sr		MIDDLE	Ke	elly
IMO	PAG ORA ONO	160 V	VAS DECEASED EVER	R IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		AL SECURITY NO.	17. INFORMANT	ADDRE		
BALTIMORE, MD. 2120	UTED WITHIN 24 HOURS AFTER DEATH IN PENCIL IN ITEM 18. GIVE PAGES 1, EXAMINER ALONG WITH FORM PM EXAMINER ALONG WITH FORM PM IN ALL TRANSITY PERMIT. PAGES 1 AND IN ALL TRANSION OF TW ON, OR REMOVAL.	Ye		WWII	578 −.	20-7782	Christine	e C Mayhew	same a	ısl3
	JURS AF 18. GIVI WITH PAG INT. PAG INT. PAG		18 CAUSE OF DEA	TH (Enter anly ane cause) WAS CAUSED BY:	per line for (a), (b),	ond (c).)	0	h	BE	APPROXIMATE INTERVAL
PRESTON ST.,	PERN FERN FERN FERN AL		PARTIDEATTY	IMMEDIATE CAUSE (a)		vonic	(0)	01)		YVII
ESTO	NOV WOV		Conditions, if		TO, OR AS A CONS	EQUENCE OF				
0. 0.	VITH VCIL NER RAN TAL		gove rise to	immediate (b)						
w.	A PEN V		couse (o) statin lying cause last		TO, OR AS A CONS	EQUENCE OF				
5, 2	NO N		BADE 2 GENER CICNIEICA	UT CONDITIONS CONTRIBUTING T	O OF ATA BUT NOT BELL TO	20 20 707 7700000 077	4. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		<u> </u>	
DIVISION OF VITAL RECORDS, 201	"PENDING" IN PI "PENDING" IN PI EF MEDICAL EXAL ED AS A BURIAL- HEALTH AND ME AL, CREMATION, (Z	PART 7 OTRER SIGNIFICA	INT CONDITIONS CONTRIBUTING TO	O OF ALM BOT NOT KELATE	O TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART	1 10		
REC	L OR AS	CERTIFICATION	190 DATE OF OPER	ATION 196. (CONDITION FOR W	HICH OPERATION	WAS PERFORMED?		70	AUTOPSY?
IAL	99770	F	1	10no						YES D NO D
P V	CERTIFICATE SH ITING THE WOR DED TO THE CE E 3 SHOULD BE E DEPARTMENT OF PROR TO BOT	HE I	210 EXTERNAL CAL	JSE WAS 21b. T	IME OF INJURY	21c. l	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	120 🖺 110 💆
NO	SEN		UNDERLYING U	OK	JR A.M. MONTH I P.M.	DAY YEAR				
/ISIC	ED TING	MEDICAL	216 INJURY OCCUP	RED 21e P	PLACE OF INJURY		OCATION STREET	CITY OR TOWN	COUNTY	STATE
ā	SES.052	2	WHILE NOT	WHILE D	ELT, FACTORT, FARM, ETC		SIRCE	CITY OR TOWN	COUNTY	STATE
	VER: TH CATE, W FORWA OR: PA THE STA			t I took charge of the rema	ains described obove	e, held an Auto	psy , Inspection	Inquiry .	and in my opinion	
	MINE RE RESTANDE		death resulted from	1	Accident 1	Suicide	, Homicide .	Undetermined monner].	
	EXAMI CERTIF JLD BE DIREC WITH WARYL			200	1)	TITLE (SPECIFY)		1	
	CAL EXA THE CER SHOULD SATH, WI	1 /	ACTUAL SIGNATURE	1-50	1 (0	per	1020 Clou	MEDICAL EXAMINER	DATE SIGNED 2	V. 126/98
	DEA SHOP	V	EXAMINER'S NAME		0		0			
	TO AEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: THE DEATH, THE BE BATTIMORE, MARYLAND,	1	(TYPE OR PRINT)				_ADDRESS			
	FOSTA	(3	SPECIFY)	REMOVAL 236 DATE		AME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY	STATE
07/84 25M	BP	B1	urial UNERAL DIRECTOR	5/2/8 4308 Suitl	5 Arl	ington N Suitland	lational	Arlington	Arling	iton VA
	DHMH - 17 (VR A15 ME (5))		NAME	ilhelm Fun	ADDRESS		MAY O	9 1985 Julia	Davidson-1	and 22
	(AK WID WE (D))	LOI	JELL E W.	rrnerm tan	CLAI DO	III C			7	-



FOR - STATE REGISTRAR L DECEASED NAME

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE
	CERTIFICATE OF DEATH	REG. NO.
E	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	McCain, Jr.	4-30-85 10 7 10
	. S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
	WOMEN DUE AND	MONTHS DAYS HOURS MIN.

(TYPE OR PRINT) Parker R. 4 RACE 3 SEX Male White 1909 76 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT ACHINTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Montgomery County South Carolina CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE MECHANICAL INDUSTRICTIONS Washington Adventist Hospital Takoma Park Inspector JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STOFFT ADDRESS / TIP OF 13b 13d INSIDE CITY LIMITS? 6903 22nd Place 20783 Hyattsville Marvland 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Parker McCain, Sr In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. Mary L. McCain (Wife) Same as 13e 237-10-4417A Yes-Navy 8 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating underlying couse Kiuson NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? TROSTOMY NO 216 TIME OF INJURY 21c HOW INDURY OCCURRED HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED Te PLACE OF INJURY 21f LOCATION STREET (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 22a. | certify that (1) (thus becomed attended the deceased from saw the deceased alive on above, (1) (w) (did) (did view the body after death 22b S - NA DEGREE MEDICAL STAFF PHYSICIAN

Ft. Lincoln Crematory

DHMH - 16 50M 4/B3 (VRA 15, 4)

prior

be ental Hygiene

DIVISION OF VITAL RECORDS

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

5/1/85

23a. BURIAL, CREMATION, REMOVAL

Cremation

Brentwood 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

interioridan- Handall

P.G.

COUNTY

Industries

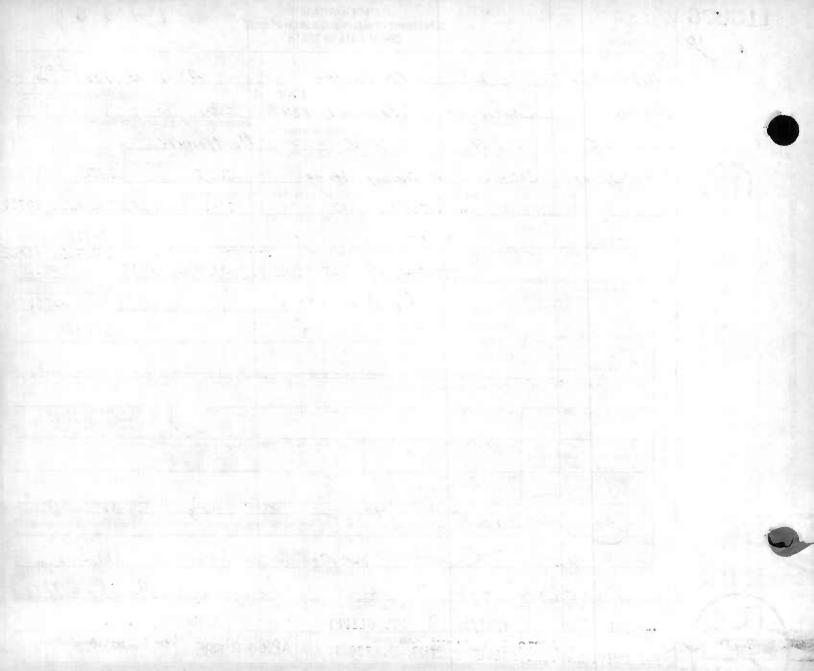
NO I

Maryland

Gilbert

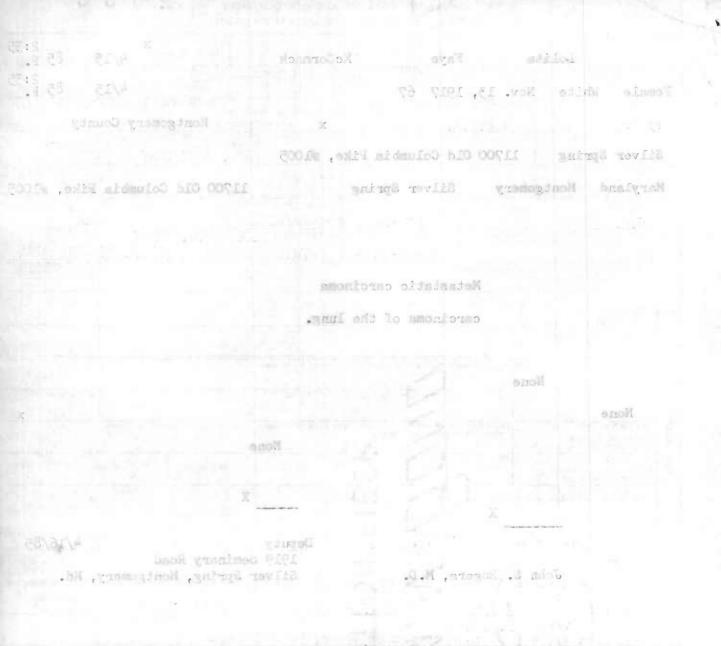


113076	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL M CATE OF DEATH			9 9 8	
	I. DEC	EASED NAME FIRST		MIDDLE		ist	20. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
1 75	(TYPE	ARGARET		ELLIFN	Mal	actor.	1	Poril 1	3.1985	4:00 A. M.
and	3. SEX		4. RACE	· I. I. I. I. I.	5. DATE O	F BIRTH 1900	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
- 10 Dec /-	FE	male	CAUCA	sian	Jane			85 YRS.		Mile.
1 20 P		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CI	_	Y OF DEATH	
all the deat		Y OR TOWN OF DEATH	4.5.1	7.	WIDOWE		120. USUAL OCCU		14P KIND OI	MD.
1000	Sil	ver Sours	Colonis	CH FACILITY, GIVE STREET	ADDRESS)	Home	(TYPE OF WORK FOR M CLERK		IFE) INDUSTRY	N UNION
1986		RESIDENCE (IF NURSING HOME TATE 136 COL				13d. INSIDE CITY LIMITS?	130. STREET ADDR	ss VFW HAM	PSHIRE A	VE. 20781
1 1		THER'S NAME				15. MOTHER'S MAIDEN N	IAME			
1 10/64		THOMAS	WIDDLE	HANLE	У	MAR.	y		BOŶĬ	
Dado do porto		AS DECEASED EVER IN U.S. A	RMED FORCES?		IRITY NO.	17. INFORMANT CATHERINE	SISTER A D. CALLAH			ONE PLACE
4 000	7	18. CAUSE OF DEATH (Enter	only one couse pe			A	V. 0.122.11.			NATE INTERVAL
and a second		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)		and	iac grest			10 M	inutes
tending re-corbs		Conditions, if any, which	DUE TO, (DR AS A CONSEQU	ENCE OF	C1+6-			3 Tea	M
or the droub cert by the attending se remove curba cremotion, or re other transmotice		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (DR AS A CONSEQU	ENCE OF					
ugned bury, or hary, or	z	PART 2 OTHER SIGNIFICAN		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION G	IVEN IN PART 110	
ING PHYSICIAN The law cequities the contenting physician has been ugued to she buriol-treathy permit. Then pleas the buriol-treathy permit. Then pleas the buriol-treathy permit. The please of the manufacture of the puriod or them 18 shown only injury, are	CERTIFICATION	190. DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES [7]	GS USED OF DEATH?
Sicial in a physicial certification rial-frithmit from 18 in	7.77.71	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	THE HOW INJURY OCCU	JRRED (ENTER NATURE O	INJURY IN ITEM 18	PART 1 OR PART 2)	
PHYSICIA ending ph this certifi to buriol-ti and Mentol	MEDICAL	214 INJURY OCCURRED	21e. PLACI	OF INJURY		21f LOCATION	CITY	OR TOWN	COUNTY	STATE
DING PH or offen this e os the olth ond morked o	E	WHILE NOT WHILE	(AT HOME S	TREET PACTORY, OFFICE,	ARM EIC)		C 10		. /	
00 00 E		22s.1 certify that (II (this has saw the deceased alive t above, (II (we) (did) just	11/1		h, on	d that in (my) (aur) apinio	n death accurred an	he date and ho	ur and from the d	hat (we) last auses stated
the pt ho		27h. SIONATURE	7	e —		DEGREE ATTENDING PHYSICIAN		STAFF IYSICIAN [120. DATE S	J 6
TO HOSPITAL Cretained by the TO FUNERAL Eshauld be detouch the Store EMPRORTANT; if		27d. PHYSICIAN'S HAME 1176	ael 6	Bou. L	7 14	220 ADDRESS	Lee Hors	hill	1 55 04	121904
BP	(urial, črematión, remov, specify) SURTAL	23b. DATE 4/1		MT. 0	EMETERY OR CREMATOR	WASHIN	IGTON. 1	o. county	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR NAME FRAN OUNIV. BLVD.				10f - D	R 1 8 1985	RARVSh REGI	STRAR'S SIGNATION AND MONTH	die.



and a series of the second with the property of the series of the second STEELS IN THE SECOND WILLIAM TO WASHING PLOTERICE C. M-CLELLIA, SIA MAINSHIPE The second of the second secon Markey No. Ten and the control of the control o

13028	2	STATE	16003 3/1	13/63 Kalli			H AND MENTAL		4 0	0 0
40		REGISTRAR		ME		MINER'S	CERTIFICATE		REG. NO.	
-10		CEASED NAA	AE FIRST		MIDOLE		LAST	20. DATE KN	STI. MONTH	OAY YEAR 25 HOL
Best E.	13	Oleta	Lol	ita	Faye		lcCormack	DEATH MA	ATED 4/	15 19 85 P.
50 5 M	3. 587	× .	4 RACE	5 DATE OF BIRTH		E (IN YEARS IF UI	NDER 1 YR. IF UNDER	R 24 HRS. 2c DATE	MONTH	DAY YEAR 24 HO
E STATE	F	emale	White	Nov. 13,	1917 6	1110111	HOURS HOURS	DEAD	4/	15 19 85 P.
1177		MTHPLACE (76 CITIZEN OF W		8 MARE	IED NEVER MARI	PIED 9 BALTIMOR	ECITY OR COU	NTY OF DEATH
3/3	10.4	LAHOMA		U.S	. A.		VED C DIVOR		gomery C	County
01	10 C	ITY OR TOWN	OF DEATH		SPITAL, NURSING		HER INSTITUTION	12a USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF BUSINESS
10	1	Silver	Spring	11700	Old Colu	mbia Pik	te, #1005	ADM. ASSIS		SELECTIVE
77		AL RESIDENCE	E (IF IN NURSING HOA	AE OR OTHER INSTITUTION G	136 CITY OR T		13d. INSIDE CITY LIMITS?			SERVICE 090
00	1	larylar	d Mon	tgomery	Silver	Spring	YES NO		Columbi	a Pike, #100
7	-	ATHER'S NAM		WIDDLE			15 MOTHER'S MAID			LAST
20	1	O.R.		MIDDLE	COO	MBS	KATHEI			OSIER
	160 \	WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?	16b SOCIALS				30XES488	
	1,	NO.	(IF TES, G	IVE WAR OR DATES)	578-3	2-6603		A CANNON		NE. OKLAHOMA
			OF DEATH (Enter	only one cause per line						APPROXIMATE AND UP AT
		PARTIC	EATH WAS CAU	SED RV.	etastati		oma			BETWEEN ONSE; AND DE AT
KEMOVA			IMMED	INIT CHOOL (0)	AS A CONSEQU					
E/A			ons, if any, whi		arcinoma	of the	lung.			
5			rise to immedia a) stoting the und	/ / /	AS A CONSEQU		201196			
		lying co	iuse last.							7-6
		PART 2 OINER	SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	INE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART Line		
	Z			None				1,00		
	ATIC	190 DATE C	FOPERATION		TION FOR WHIC	H OPERATION V	VAS PERFORMED?			20 AUTOPSY?
1	FIC	Non	e							YES NO
5	ERT		IAL CAUSE WAS	216. TIME O		21c H	OW INJURY OCCURR	ED LENTER NATURE OF BUJURY	IN ITEM 18 PART I OR	
3	MEDICAL CERTIFICATION	UNDERLYIN	G OR		A. MONTH DAY	YEAR 19	No	ne		
3	DIC	21d. INJURY		21e PLACE	OF INJURY (AT	HOME, 21f. LC	CATION	116		
	ME.	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN	C	OUNTY STATE
		AT WORK	AT WORK						7	
		220 I cer	,	arge of the remains de	scribed obove, he	ld an Autor	osy , Inspection	on Managery L	, and in my	оріпіоп
		death resu	Ited from. No	nturol causes X,	Accident,	Suicide	, Hamicide	Undetermined manne	ar L.	
		ACTUAL	//	00	1		TITLE (SPECIFY)		DAT	
-	-	SIGNATURE	40	20, 0	100	era 1	A.D. Deputy			VED 4/16/85
1		EXAMINER	S NAME -		0			Seminary R		
		TYPE OR PR	INT JO	ohn S. Roge				er Spring,	Montgome	ry, Md.
7	230.8	URIAL, CREM.	ATION, REMOVA	L 236 DATE		OF CEMETERY C		23d. LOCATION CITY OR TOWN		DUNTY STATE
		BUR		4/19/85		RLINGTON	NATIONAL	ARLING		VIRGINIA
	24. F	UNERAL DIRE	FRAN	ICIS J. COL	LINS			REC'D. BY REGISTRAR	156 REGISTRAR'S	SIGNATURE
))		500	LINTU BL	D. W. SILL	FR SPRI	VG.MD. 2	0901 APR	1 8 1085	La Bainder	Davido or



Lulia Davidson

5130 Wisconsin Ave, NW, Washington, D.C. 20016

(VRA 15, 4)

STATE OF MARYLAND

TSOUSE t to the contract of the contr was not included an experience of the second de delle vere destate total fil de placete grandment THE CENTER LEVEL authol 3,275 Hammod e stery sentycton, b.C. and and a tolera Ties and in order two, My, Van tagger, D.C. 2016 State on the Contract of the

113024	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	0 0 2	
4 may be 2	3. SE	CEASED NAME PIRST OR PRINT) HELE EMALE	14. RACE CAUCASIAN	McG S. DATE C	ALPON DEBIRTH L 26°AY1906°EAR	20. DATE OF DEATH MON 6. AGE (IN YEARS LAST BIRTIMDAY 7.8	F UNDER I YEAR	2b. HOUR 8: 20pm IF UNDER 21 HRS HOURS MIN.
death. Page truneral thin 72	7a. B	RTHPLACE (STATE OR FOREIGN CHORES	7b. CITIZEN OF WHAT COLU.S.A.	JNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	ERY	MD. DF BUSINESS OR
4 hours offer ed in by the dbe filed wi	TA	AKOMA PARK	WASHINGTON AL		HOSPITAL	130. STREET ADDRESS	RKING LIFE) INDUSTRY	20903
BALTIMORE, MARYLAND care be executed within 24 spicion and completely fille apers. Pages wol. it, the medical manner hab	[4. FA	THER'S NAME ADLOWE	MORRIS	ŚÖN	15. MOTHER'S MAIDEN NAI	ME MIDDLE EE	08	WALD
LTIMORE e be execution and coers. Pages i. the medica	16a N	VAS DECEASED EVER IN U.S. AF (15 YES, GI	ve war OR Dates) 215-	-44-3107	PATRICIA G.	HTER RICHARDSON, W	O ROCKLYN SIMSBURY	, CONN
ECORDS, 201 W. PRESTON ST., ow requires that the death certifus been signed by the attending plant. Then please remove carbang prior to burial, cremotion, or remony injury, or other traumatic even	CERTIFICATION		DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTIONS	NSEQUENCE OF MANY NG TO DEATH BUT	Artery a NOT RELATED TO THE TERM	lucare linal disease or condition 200 AUTOPSY? 200	ON GIVEN IN PART 11. b. IF YES, WERE FIND II CERTIFYING CAUSES	NGS USED
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires the or attending physicion. After this certificate has been signed be as the burial-transit permit. Then please in the mod Mental Hygiene prior to burial, marked or them 18 shows any injury, or a	MEDICAL CERTIFIE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITMER, NOTIFY MEDICAL EXAMINE CONTRIBUTION OF COURRED WHILE NOT WHILE AT WORK AT WORK		19	21c. HOW INJURY OCCURI	YES NO PRED (ENTER NATURE OF INJURY IN I	YES 🗌	NO STATE
L OR ATTENDI the hospital or to DIRECTOR. A fached for use to Dept. of Heal		220. I certify that (I) (this hasp sow the deceased alive of above, (I) (we) (did) (did no 22b. SIGNATURE	or) view the bod offer death	19.01	DEGREE ATTENDING PHYSICIAN	death occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 10/80
10 HOSPITA retained by TO FUNERA should be de with the Stat		272d. PHYSICIAN'S NAME (TYPE VIVEK C BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	VAID		22. ADDRESS 76.76 No EMETERY OR CREMATORY LL CEMETERY		SPOTSYLI SBURG	Kyalomka VANTA VIRGINI
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR FRANCE	IS J. COLLINS	S	25a. DA	PR 1 8 1985	REGISTIAR SINGNA	Mandalin

AL PARENT Territa previous comes The Market Representation of the A would write more The second secon Bernelle TX ET Journal

(VRA 15, 4)

	FOR
-	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC	NIO

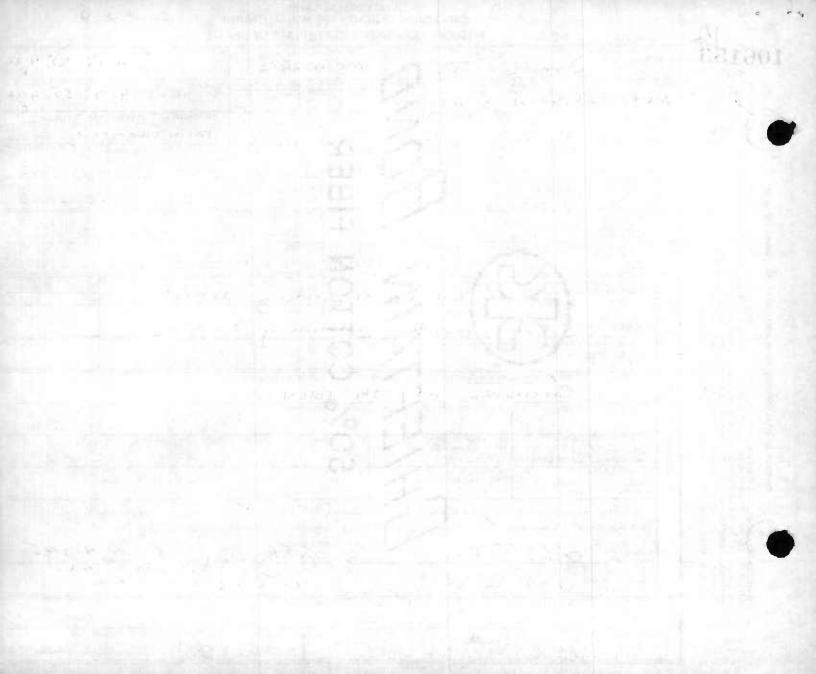
7		REGISTRAR			REG. NO.					
030		CEASED NAME FIRST OR PRINT)	E 100	me KEE	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
	3 SE	((() () () () () () ()	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IN UNDER 24 HI				
offe			White	MONTH DAY YEAR	02	MONTHS DAYS HOURS MI				
11	7a. B	Temale RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COU					
E Block		COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED X DIVORCED	MONIGOM					
¥ 7/		TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS				
608	Si	luck spring	HOLY . CO	SS HOSPITAL	Clerk	IRS				
13 EC	USU	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13e STREET ADDRESS / ZIP C					
4 10	1,00	1 1 1	regonery Selve	13d INSIDECITY LIMITS?	700 Sligo Ave					
11/1	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST				
11/40		JULIUS -	Baul		ROSE	Pepper				
1 1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT Ne.	phew ADDRESS 36	03 May Street				
1		_No_		4-4343 Jack McKee		ton, Md. 20906				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	П	18 CAUSE OF DEATH (Enter of	only one couse per (inc far (o), (b	, and ic.	OBJECT N	APPROXIMATE INTERVAL				
200		PART I. DEATH WAS CAUS	ATE CAUSE (6)	after sucum	a	sam				
a con			DUE TO, OR AS A CONSE	EQUENCE OF						
Pind flori		Conditions, if ony, which	(b)			100				
100		gave_rise_to_immediate								
ol. cr		underlying couse lost.								
1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1 2 d	FICATION		wens an	who Cardo Vas						
The state of	Ž,	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
1112	CERTIF		The second secon	To How when a con-	YES NO	YES NO				
	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)				
	Ş	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19						
2 p p	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	PICE, FARM, ETC.) 21f LOCATION 5TREET	CITY OR TOWN	COUNTY 51ATI				
th o	1	AT WORK NOT WHILE		7/12 8	2/20	he				
A 26 20 20 20 20 20 20 20 20 20 20 20 20 20		22a. I certify that (I) (this has	7 / 7 EAR	al -	to U/ XQ	, that (we				
25 5		sow the deceosed olive o obove, (I) (we) (did) (did r	of yew the gody atte death.		death accurred on the date and	haur and from the couses stated				
denoched une Dept	10	22b. SIGNATURE	11/11/1	DEGREE	MEDICAL STAFF	75961				
		Yvienon	a genn	ATTENDING PHYSICIAN Z	DIRECTOR PHYSICIAN	0 0/00				
the Skital		22d. PHYSICIAN'S NAME (TYPE	· CENKIN	22e ADDRESS 23	09 SHORE!	IHLO RO				
APORT /		MAIN C	. CENKIN		WHEATON	, NO				
		URIAL, CREMATION, REMOVA		234 NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTYSTATE				
	1	Burial.	April 2,1985	Arlington National	Arlington	Virginia				
16 60M 7/84	24 F	INERAL DIRECTOR France	is J. Collinson	250 PA	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE				
A 15, 4)	5/	10 University 1	Rud W. Silve.	r Spring Md. Ar	N 8 1985 Call	Davidson-Rondalis				

2007/10	1.	FOR STATE		DEPARTA		AND MENTAL HYG	GIENE	2 0	0 4	
-0754		REGISTRAR			CERTIFICATE	OF DEATH	REG. N			
e 60 =		CEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH DA	10	HOUR
poge r deat	3. SEX	MARGA	RET	G,	Mc K		HPRIL 6 AGE (INYEARS LAST BI	18,	1985	UNDER 24 HRS
for. p	3. SE				MONTH	DAY YEAR		, MC		OURS MIN.
Poge direct	Ja Bi	FEMALE RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	JUNE 1	1, 1895	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
# 252 75		NNSYLVANIA	1,1	15A	MARRIED N	DIVORCED	MONTGO		COUNT	T MD
the fune within	10_CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHE	-	12a USUAL OCCUPAT	ION .	126. KIND OF B	
by the		CKVILLE	ROCI	KVILLE A	URSING	HOME	SUPERVISO		COUNTY	SCHOOLS
be be a	USU/ 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		SIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	,	_
ed within 24 mpletely filler and 2 should		THER'S NAME	TGONERY	ROCKU		THER'S MAIDEN NA	805 ASTE	R BLU	D. / 2	0850
mpletel ond 2	14 FA	THER'S NAME	MIDDLE	LAST	, IS MO	FIRST	MIDDLE	1	LAST	2./
÷ 0 = -	lán V	S BENEZER VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	EE IZ INF	ORMANT	ADDR	ESS	SMIT	Н
tote be execution and compers. Pages 1 vol.		ES, NO OR UNKNOWN) (IF YES, GIV	(WAR OR DATES)	414-52	-0193 DO	ROTHU PE	PRECA (N	IECE)	Same A	#13
of.		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and	diesi	10111910	01		APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
phys phys production		PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (a)		ardiox	relina	am an	est		
h cer nding sarbo arre				R AS A CONSEQUE	NCE OF					1
dept opter		Conditions, if any, which gave rise to immediate	(b)_		pr	recen	rand		I wee	k
y the creme		cause to, stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
red by		PART 2 OTHER SIGNIFICANT	(c)_	ONTRIBUTING TO F	EATH BUT NOT BE	LATED TO THE TERM	INIAI DISEASE OR CON	IDITION CIVE	NUMBER OF THE	
to bu	N O	FART 2 OTHER SIGNIFICANT	ZONDINONS <u>C</u>	ONTRIBOTING TO L	DOI NOT KE	LATED TO THE TERM	TINAL DISEASE OR COM	DITION GIVE	N IN PART III	
beer mit prior ony i	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WAS	PERFORMED	20g AUTOPSY?	20b. IF YES,	WERE FINDINGS	USED
N: The Its system. Its shows The Its shows	RTIFE						YES NO	YES	1	NO []
physic physic ifficot in 18 s		21d. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216 TIME C		Y YEAR 21c. HO	DW INJURY OCCUR	RED TENTER NATURE OF INT	PART IN ITEM 8 PAR	RT 1 OR PART 2)	
YSICIA Ing ph ing ph certifi vorial-tr Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)		.M. OF INJURY	19	CATION				
the b	MEG	WHILE NO! WHILE		REET FACTORY OFFICE F		STREET	CITY OF TO	NWC	(OUNTY	STATE
DING or a Afte alth mork		22a I certify that (1) (this hole	tal) attended th	ne deceased from	Mard	1 10 85	10 4714	9	0 85 tha	t (I) (well last
TTEN orfol of He		saw the deceased alive on above, (1) (w/) (dd/) (did/no	4116	19			death occurred on the c	ate and hour		
OR ATT OR ATT DIRECT Sched fo Dept of them 2		27b SIGNATURE	I view me body	offer death.	DEGREE				22c DATE SIG	NED
무를 맞춰하다		travelle	INM	Mul	MD	PHYSICIAN 1	MEDICAL STA	CIAN [4/18	3/85
HOSPIT, Inned by FUNER, Suld be d h the Sto	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			DDRESS	1.511	01	7	1/1/4
TO HOSPITA TO FUNERA Should be da with the Sto		FRAUKE W	ESTPHI	4L, M.	D. 8	09 Vie	rs Mill	Kd.	KOCKV	illepu
		URIAL, CREMATION, REMOVAL	23b. DATE		IAME OF CEMETER	1 0	23d LOCATION CITY OR TOWN	. 1	COUNTY	STATE
BP	24 FI	BURIAL INERAL DIRECTOR	APRILA	14, 1985 ROL	SINSON RUN	CEMETER	MC DONALD	LASH 256 REGISTR	CO. POL	NSHLWANIA
DHMH - 16 50M 4/83 (VRA 15, 4)	CL	AMBORS FUNERA	· Harar	PILES	ME Ala	A	PK 2 3 1985	J. T. D. D.	DIL COMPANY OF THE	24.
,	W	TITLE ES TUNETU	- MOTTE	1/10/40	ALC IVAI	YUNU		Γ		





	1,	FOR	DEPAR	STATE OF A		IYGIENE 2	0 0 6
106153	1. Di	STATE REGISTRAR CEASED NAME PEOR PRINT	MEDICA	L EXAMINER'S	LAST	PEATH REG. NOWN OF ESTI-	MONTH DAY YEAR TO HOU
PEASE CIOR FIELD STREET	3 SE	X 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS IF UN	DER 1 YR. IF UNDER	DEATH MATED	MONTH DAY YEAR 20 HOU
CHESARY CHESAR	70. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b. CITIZEN OF WHAT COI	MARR	ED NEVER MARR VED □ DIVORC	DEAD 9 BALTIMORE CITY	OR COUNTY OF DEATH
PAGE 5.	10 C	New York ITY OR TOWN OF DEATH OCKVIlle	II. NAME OF HOSPITAL, N Shady Grov	YPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Aerospace			
21201 F ANY DE AND 3 1 RETAIN HOULD B	13a S	AL RESIDENCE (IF IN NURSING HOME STATE 13B, COUN Aryland Mont		NCE BEFORE ADMISSION) ITY OR TOWN OCKVILLE	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 222 Forest	
BALTIMORE, MD. S AFTER DEATH. II GIVE PAGES 1, 2, I'ITH FORM PM 2, PAGES LAND 2, INVISION OF VITA		ATHER'S NAME Uames M WAS DECEASED EVER IN U.S. AR		LAST LUS	IS. MOTHER'S MAIDE Grace	ADDRES	Donahue
URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES 1-A DIVISION OF	(Yes (IF YES, GIVEN YES) 18. CAUSE OF DEATH (Enter an	II 10	7 20 7891		IcManus wife	Same as item 1
201 W. PRESTON ST UTED WITHIN 24 HO IN PENCIL IN ITEM I REAL-TRANSIT PERM D MENTAL HYGIENE, ON, OR REMOVAL.		PART I DEATH WAS CAUSE	TE CAUSE (a) OUE TO, OR AS A CO	onsequence of use Bu	Brugara	Embolism 3	BEIWEEN ONSET AND DEATH
RECOR D BE E ENDIR AS A SALTH CREW	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS (20 %) 19a. DATE OF OPERATION	CI NOMA	ELATED TO THE TERMINAL DISEAS OF The OR WHICH OPERATION W	C010N 1	RT 1 a	20 AUTOPSY?
CERTIFICATE SHOULD RINGS THE WARD "YE DEED TO THE CHIEF A SHOULD BE USED." SE 3 SHOULD BE USED THE CHIEF AND SHOULD BE USED.	AL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONT DEATH P.M.		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM I	YES XX NO [
ZAAAE	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUI STREET, FACTORY, FARA	RY (ATHOME, 211 LO	CATION	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST.		220. I certify that I taak charged ath resulted fram: Nature ACTUAL SIGNATURE	ge of the remains described a ral causes . Accident . A		sy Inspection Hamicide	MEDICAL EXAMINER	DATE 4->-86 SIGNED and
07/84 BP		Burial Cremation REMOVAL	11,1985	St. Charle	R CREMATORY	23d. LOCATION CITY OR TOWN Farmingdale	e, New York
25M DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR ROBE HOMES, P.A., RO	RT A. DUMPH CKVILLE, MAR		L 250. DATE	REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE



101100	1 - FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL-HY CERTIFICATE OF DEATH	GIENE 1 2 0	07
101100	T. DECEASED NAME 19	A ANDRE	1457	7a DATE OF DEATH MONTH	DAY YEAR 25 HOUR
7 2 25	Paul	J. McVe	earry	03/	30/85 12:354
E O	1 SEX	4.RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BRITISH)	F UNDER THEAR OF UNDER DAMES.
4 35	male	white	04/07/14	70 vas	
14 10 1 4 1	Washington D	TAL CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
Taube	Bethesda		ING HOME OR OTHER INSTITUTION	The USUAL OCCUPATION THE OF WORLDS HOLL OF WORLDS IT PRINTED TO THE OTHER PRINTED TO THE PRINTED	12k KIND OF BUSINESS OF INDUSTRY
Dr. J	III. STATE 96	county Bethesd	WH THE INSIDE CITY LIMITS?	13*STREET ADDRESS / ZIP COO 7225 MacArthur	
per Service	Laurence	McVearry	Gertrude	MEDICE	thengass
Lian Food Co	14s WAS DECEASED EVER IN U (15), NO OF UNKNOWN) (# NO	and the second s			ume as #13
physican ord confliction ord confliction ord confliction ord confliction or confl		ther only one couse per line for (a), (b), AUSED BY. SEDIATE CAUSE (a)	Thock	T(=1)	REWESSIONATE BUTERYAL RETWESSION AND CEATER
private or that he deat pred by the other or please remove countries build, cremelines y, ar other traum	PAR DTHER SIGNER	DUE TO, OR AS VOONSEO	VENTE OF GRANTE OF THE TH	hemarkay minal DISEASE OR CONDITION GO	The second secon
Sed to The low requirement in hos been supported properties properties between the whole supported properties	THE DATE OF OPERATION	00	OPERATION WAS REMORMED	YES X NO V	ES, WERE NDINGS USED IFYING CAUSES OF DEATH?
Bank of the state	CONTRACT CALCULATION OF THE PROPERTY OF THE PR		DAY YEAR	RRED (LINTER PARTIES OF PRICES IN TERM IS	PARTY CREARIES
Y rel S provision and mental the burial and Mental the burial	WESTING AUTOF HEDICALE IN SURVY OCCURRED ANNEL ON HOST AS WORN	21st PLACE OF INJURY	TANK PIC) 211 LOCATION STREET	City OR 10ww	COUNTY STATE
Bod ATTENDING Insights or effective at editer one or pt of feedth em 21 is more		haspital attended the deceased from the on MARCH 35 19.	Sept 4 19 66 900 that in (my) (our) apinio	to MARCH 30 o death occurred on the date and ho	
by the by the by the defends and a defendance of the bank of the b	224 PHIS CIAN'S NAME	ine lygs		MEDICAL STAFF DIRECTOR PHYSICIAN	3/31/85
TO FUN TO FUN TO FUN TO FUN	J. Bla	INE FITTAGERA	NAME OF CEMETERY OF CREMATORY	Visc. AUE, BE	TH. ml.
BP	230. BURIAL, CREMATION, REN		Gate of Heaven Cem	Silver Sprin	ngs Maryland
				ATE REC'D. BY REGISTRAR 256. REGIS	
DHMH - 16 50M 4/83 (VRA 15, 4)	DeVol Funers	Dores Wash	ington D C		Durdelle "

. The second of the days were talk had been Editor and the second s Hotel . A ton AND WELL THE WAR AND THE SECOND OF THE WAR AND THE WAR tered in our new terminal in a company of the principal second DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE

i i	17	7.5	73	
Ĭ.	2	0	0	-

		REGISTRAR				CERTII	ICAIL OI D	EMIII	REG.	NO.		
		EASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
	(TYPE)	OR PRINT)	NRIQ	UE F	ELIY	ME	RINO			4-1	4-85	122 AMM
- 1	3. SEX			4 RACE		5 DATE O			6 AGE (IN YEARS LAST	3IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	9"	Male		11.	1/2	MONT!	DAY	24	60	YRS		HOURS MIN.
4		OUNTRY)	FOREIGN	76. CITIZEN OF		ITRY? 8	D NEVER M	ARRIED -	9 BALTIMORE CITY			
1		Myice	7	MEXIC		WIDOWI	ED DIV	ORCED 🗌		NTGOME	_	MD.
	to	Koma Pa	RK	(IF NOT IN SU	CH FACILITY, GIVE	11cm 1	or other inst	AVE TY	120 USUAL OCCUPA (TYPE OF WORK FOR MOS CHAUFFEUR			SY
	USUA 13a. S	L RESIDENCE HE NURS	13b. COUN		13c. CITY OR		113d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	ZIP COD	NF.	
2	MAT	RYLAND		GOMERY		HEATON		NO 🗍	1907 IADD			20902
7		THER'S NAME					15. MOTHER'S					
		CARLOS		MIDDLE	MERI		CHEOT	TIDE	WIDDLE		RODRIOU	
9	16e. W	AS DECEASED EVER	IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMAL		ADD	RESS	KUUKIYU	1-6
Λ		ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	578-7	2-5000	FRANCIS	CO MER	INO CONT	SAME	AS ABOV	E
			11.5				INANCIS	CO MLK	LINU SUIV	SAML		MATE INTERVAL ONSET AND DEATH
		PART I, DEATH W			Lilah	on the Al	Thelas	0 (0	acinon	11	BETWEEN	ONSET AND DEATH
			IMMEDIAT	E CAUSE (0)	17-71	or 10 Ce	110/4/	181	C/// 11.			
				DUE TO, C	RAS AGONS	SEQUENCE OF	- 4/	100	10			
		Conditions, if ony, gove rise to imm		(b)_	110	ugn	a / w	7 011	-			
		cause (a), statir	ng the	DUE TO, C	R AS ACONS	SEQUENCE OF	,					
		underlying cause	1051	(c)_	1461	7 al	Foi	lort				
	z	PART 2 OTHER SIGN	VIFICANT	ONDITIONS	ONTRIBUTING	S TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GI	VEN IN PART 10	0
	CERTIFICATION		71001	LINE COLUE	WELCO LEGICAL	UICO OBERATIO			In AUTOREY?	Teat If Vr	C WERE ENIRE	100.11055
1	N N	19a DATE OF OPERA	IION	196 CONE	THON FOR W	HICH OPERATIO	N WAS PERFOR	RWED	200 AUTOPSY?	JN CERT	S, WERE FINDIN IFYING CAUSES	OF DEATH?
1	ET								YES NO		ES 🗌	NO 🗌
3		OR CONTRIBUTING		21b. TIME (DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDI			.M.	19						
	MEDICAL	21d INJURY OCCUR	RED		OF INJURY	FFICE FARM ETC)	211 LOCATIO	N	CITY OR	IOWN	COUNTY	STATE
	Σ	WHILE NOT WE AT WO	RK R	(AT NOME, S	IKEEL FACTORY, O	rrice rakm elc.)				1		
	- 1	220.1 certify that (1)	(this hospit	tol) attended t	he deceased f	rom Ja	n	19 83	, to /2/012 1-	C N	19 60	that (I) (we) last
		sow the deceas	ed olive on	17011	3	19 5 . 0	nd that in (my) (our) opinion d	leath occurred on the	date and ho	ur and from the	couses stated
		obove, (I) (we) (a 22b. SIGNATURE	aia) (aia no) view the body	y otter deoth.		DEGREE				22c DATE	SIGNED
			17	nece	elec		A P	TTENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [41	15/85
		274 PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS	5				
		JORGE FO	RCADA	. M.D.			1106	SPRING	STREET #	2 SILL	ER SPRI	NG. MD.
		URIAL, CREMATION,		23b. DATE		23c. NAME OF C			23d LOCATION			
		CREMATION		APR.6.	1985	METROPO	LITAN C	REMATO1		DRIA	VI	RGINIA
										-1-		

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR:

HOSPITAL 0 should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

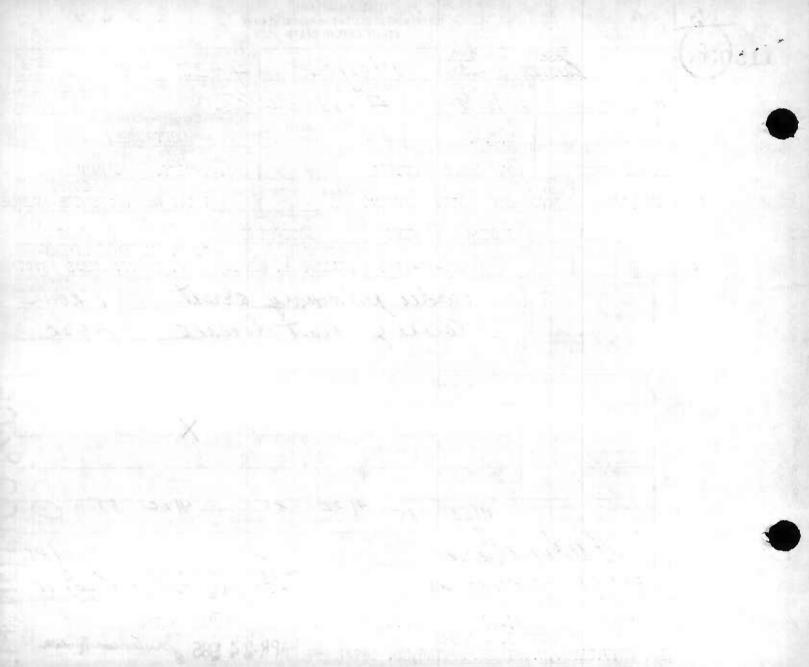
IMPORTANT: If them 21 is morked or Item-18 shows ony

(VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS DDRESS SILVER SPRING. UNIVERSITY BIVD. W.

APR 1 1 1985 Car Suidan Render





THELMA I. MEYERS OF ESTI- DEATH MATED 4/3 1985 145 MATED 24 HRS. 18. DATE Female White March 28,1900 85 man Mass and Mate 1980 March 28, 1900 85 man Mass and Mass			FOR STATE			DEPARTMENT C	F HEALTI				0 1	0	
THELMA I. MEYERS OFF 4/3 1885 4/3 1885 145 1885	102137			FIRST	WE		INER'S		E OF DEA	KEG.		5.1V WE15	
S. SEK R. RACE DATE OF BRITH MONH DAY YEAR MARKED RATE PART DAYS P	Warring C						N	2.101		OF ESTI-			7:45
Female White March 28,1900 85 vrs MARRIED NEVER MARRIED MONTEGORITY OF DEATH MARSSACHUSECTS MARRIED NEVER MARRIED MONTEGORITY OF DEATH MONTEGORI	TO THE STATE OF TH	3. SEX			5. DATE OF BIRTH	6. AGE (1	YEARS IF U	NDER 1 YR. IF UI		?c. DATE	MONTH	DAY YEAR	Jd. HOUR
MARRIED NEVER MARRIED MONTGOMETY COUNTY, MO WOVED MONTGOMETY COUNTY, MO WOVED MONTGOMETY COUNTY, MO WOVED MONTGOMETY COUNTY, MO WOVED MONTGOMETY COUNTY, MO MONTGOMETY COUNTY, MO MONTGOMETY COUNTY, MO MONTGOMETY COUNTY, MO MONTGOMETY COUNTY MONTGOMETY COUNTY MONTGOMETY MONTGOMET	THE STATE OF THE S					,1900 85	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DAYS HOU	JRS MIN.	DEAD			7:43 n_M
Bethesda Subtraction Subt	STATE OF STA	FO	REIGN COUNTRY)								_		
DULL RESIDENCE (# IN NUSSNO HOM ON ON THE RESTRUTION, GMR RESIDER ADMISSION) TO STATE Maryland Montgomery Chevy Chase Chevy Chase Is a STATE I 134 INSIDE (ITY LIMITS) 134 INSIDE (ITY LIMITS) 134 INSIDE (ITY LIMITS) 135 INSTREET ADDRESS NO 4701 Willard Avenue, #918 (20815) 15 MOTHER'S, MAIDEN NAME FRST I Saac I 15 MOTHER'S, MAIDEN NAME I SAST Annie Myers 16 Was DECEASED EVER IN U.S. ARMED FORCES? IN O. 577-68-1643 The Was DECEASED EVER IN U.S. ARMED FORCES? IN O 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o) storing the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF Levine PART 2 OTHER SIGNIFICANT (ONDITIONS ONTRIRUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). PART 2 OTHER SIGNIFICANT CONDITIONS ON WITHOUT FOR WHICH OPERATION WAS PERFORMED? 19 EXTERNAL CAUSE WAS DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 EXTERNAL CAUSE WAS WHILE NOT WHILE	2 E C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				11. NAME OF HO	SPITAL NURSING HO	ME. OR OTH		112a. USU	JAL OCCUPATION (1		126. KIND OF B	JSINESS
136. COUNTY 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY IMMITS 136. STREET ADDRESS 136. MOTHER'S MADE 136. MOTHER'S NAME 136. MOTHER'S NA	A D T T T T T T T T T T T T T T T T T T	Be	ethesd	.a	Suburb	an Hospi	tal		Ho	usewife			RY
Annie Myers Isaac Levine Annie Myers Isaac Isaac Myers Isaac Levine Annie Myers Isaac Levine Annie Myers Isaac Levine Annie Myers Isaac Isaac Myers Isaac Levine Annie Myers Isaac Levine Annie Myers Isaac Isaac Myers Isaac Levine Annie Myers Isaac Levine Myers Isaac Levine Annie Myers Isaac Levine Myers Isaac Levi	Utb.	12a. S	TATE	136. COUNT	Υ	13c. CITY OR TOW	V		IITS? 13e. STR	EET ADDRESS			
TSABC ISABCE Levine Annie Myers ADRChevy Chase, Md. 20815 TO WAS DECEASED EVER IN U.S. ARMED FORCES? IN O. SOCIAL SECURITY NO. ISABCE SEASED EVER IN U.S. ARMED FORCES? IN O. STATE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). ISABCE SEASED EVER IN U.S. ARMED FORCES? IN O. STREET, FACTORY, FARM, ELVINGE STATE ADDRCHEVY Chase, Md. 20815 Charles P. Meyers; Son; 4701 Willard Ave., APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH OUT OF A STATE SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? TO DESCRIPTION TO THE SIGNIFICANT CONDITION FOR WHICH OPERA		=			comery	Chevy Ch	ase			l Willard	Avenue	≥,#918	<u>(20815</u>)
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRETHEVY Chase, Md. 20815 577-68-1643 Charles P. Meyers; Son; 4701 Willard Ave., APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH	750		FIRST		MIDDLE	Levine		FIRST		MIDDLE			
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse last. (b) CONDITION OF AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOW NOT WHILE ON THE PROPERATION POR WHILE OF INJURY (AT HOME. STREET, PACTORY, PARM, ETC.) STREET, PACTORY, PARM, ETC.) STREET CITY OR TOWN COUNTY STATE		16a. V	AS DECEASE	D EVER IN U.S. ARA		16b. SOCIAL SECU		17. INFORMANT	Γ		hevy C	Chase, M	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse last. (b) CONDITION OF AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOW NOT WHILE ON THE PROPERATION POR WHILE OF INJURY (AT HOME. STREET, PACTORY, PARM, ETC.) STREET, PACTORY, PARM, ETC.) STREET CITY OR TOWN COUNTY STATE	IVISIO	1					643	Charle	s P. Me	yers;Son;ا	1701 Wi		
Conditions, if any, which gove rise to immediate couse (a) stating the under-lying couse last. (b)	<u></u>		PART I DE	ATH WAS CAUSED	BY:		r dio	c 0	rres	to		BETWEEN ONS	ET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 12b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21b. TIME OF INJURY (AT HOME. 19b. LOCATION STREET, FACTORY, FARM, ETC.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET CITY OR TOWN COUNTY STATE	ALONG T PERMI YGIENE,			IMMEDIAT							1		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 12b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21b. TIME OF INJURY (AT HOME. 19b. LOCATION STREET, FACTORY, FARM, ETC.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) WHILE NOT WHILE STREET CITY OR TOWN COUNTY STATE	N PENCIL IN EXAMINER A HAL-TRANSIT MENTAL HY		gove ri	se to immediate	(b)			ry.	av	reviosa	sonal	5 '	
196. CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT	BURIAL-TR ND MENT				DUE TO, OF	R AS A CONSEQUEN	CE OF)				192	
YES NO NO NOTIFIED THE PART OF PART 2) 10. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 218. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 219. EXTERNAL CAUSE WAS UNDERLYING OR 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 210. EXTERNAL CAUSE WAS UNDERLYING OR 210. INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) 210. EXTERNAL CAUSE WAS UNDERLYING OR ENTER OR STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUNTY STREET	ON, ON,		PART 2 OTHER SI	GNIFICANT CONDITIONS C	(c) CONTRIRUTING TO DEATH	BUT NOT RELATED TO THE	ERMINAL OISEAS	SE OR CONDITION GIVE	N IN PART 1 (a).			1	
TID. EXTERNAL CAUSE WAS VES NO VES	AS A I	NOL											
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	THE 1	FICA	19a. DATE OF	OPERATION	195. COND	ITION FOR WHICH O	PERATION V	VAS PERFORMED	?				
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 10 VIDORRIYING GORD OR TOWN TOWN COUNTY 11 VIDORRIYING GORD OR TOWN TOWN COUNTY 12 VIDORRIYING GORD OR TOWN TOWN COUNTY 15 VIDORRIYING GORD OR TOWN TOWN COUNTY 16 VIDORRIYING GORD OR TOWN TOWN COUNTY 17 VIDORRIYING GORD OR TOWN TOWN COUNTY 18 VIDORRIYING GORD OR TOWN TOWN COUNTY 18 VIDORRIYING GORD OR TOWN TOWN COUNTY 19 VIDORRIYING GORD OR TOWN TOWN COUNTY 10 VIDORRIYING GORD OR TOWN TOWN TOWN COUNTY 10 VIDORRIYING GORD OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		CERTI						OW INJURY OCC	URRED (ENTER)	VATURE OF INJURY IN ITEM	18 PART 1 OR PAR		NO M
216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE	ARTA O				EATH P.A	۸. 19							
	2 5	MED	WHILE	NOT WHILE						CITY OR TOWN	cou	NTY	STATE
	THE ST							1			and in my apı	inion	
The reality may rook charge of the remains described above, held all Adopty [2], inspection [2], inspection [2], and in my application	CERTIFIC, ULD BE F DIRECTO WITH TH ARYLAND				, 6							16 3	0.
death resulted from: Natural causes : Accident . Suicide . Hamicide . Undetermined monner .	SHOU ATH, RE, M.		SIGNATURE	15	a O.	aulu v	m)	A.D. Deg	MED	ICAL EXAMINER		4-5	-80
death resulted from: Natural causes : Accident . Suicide . Hamicide . Undetermined monner .	WO E			HOL JOH	N TAIBE	R M D		ADDRESS 823	18 Wisco	mein Arra	Bethe	sda. Mo	1.
death resulted from: Natural causes : Accident . Suicide . Hamicide . Undetermined monner .	BAH	73a.B		TION,REMOVAL 2	3b. DATE	23c. NAME OF		OR CREMATORY	173d 1 C	CATION			STATE
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined monner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED . ADDRESS 8218 Wisconsin Ave . Bethesda, Md. EXAMINER'S NAME . JOHN TAUBER, M.D ADDRESS 8218 Wisconsin Ave . Bethesda, Md. 738. BURIAL CREMATION, REMOVAL 233. DATE . 233. NAME OF CEMETERY OR CREMATORY . 236 LOCATION . SAME.						King D	avid N	lem. Gdn	Fa	11c Church			inia
death resulted from: Natural causes D. Accident D. Suicide D. Hamicide D. Undetermined monner D. TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT) JOHN TAUBER, M.D. ADDRESS 8218 Wisconsin Ave. Bethesda, Md. 230 BURIAL CREMATION REMOVAL 12th DATE 1230 BURIAL CREMA	17	29. 1	170 Ro	clarille I	Pike Room	ERG MEMOR	AL CH	PLS AFR	0 8 198	Julia Dan	CONTRACTOR OF THE PROPERTY OF	VKE	





STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR LAST 2a DATE OF DEATH DECEASED NAME 2h HOUR LITYPE OR PRINTS 101067 04-02-85 Dorothy H. Miller 06:00AW 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH HS DAYS MAY FEMALE WHITE 1903 To. BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY) PA. Montgomery WIDOWED & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Montgomery General Olney HOUSEWIFE HOME USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. MONIGOMERY SILVER SPRING CHISWICK CT. 20906 YES X NO [3526 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE HARRY J. ALICE LOUISE HECK EARLE ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 78-44-0074A NO ROBERT L. MILLER SAME AS TTEM 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (PART I, DEATH WAS CAUSED BY Condic In wallale IMMEDIATE CAUSE to 4814015 ASTA CONSEQUENCE OF Enclosism. ulmanan Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF CELECRALE underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO N NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETTHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (1) (1) the happital attended the degree from saw the deceased glive on 4// 19 85 83 and that in (my) (early apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 4.2.85 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS WORLD MEDICAL CENTER. S.SPRIN 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE CITY OR TOWN CREMATION RIVERDALE CHAMBERS CREMATORY P.G.C. Md. 24 FUNERAL DIRECTOR Wie Davidson-Rondale

SILVER SPRING, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO. INC.

0

should be deta

ā

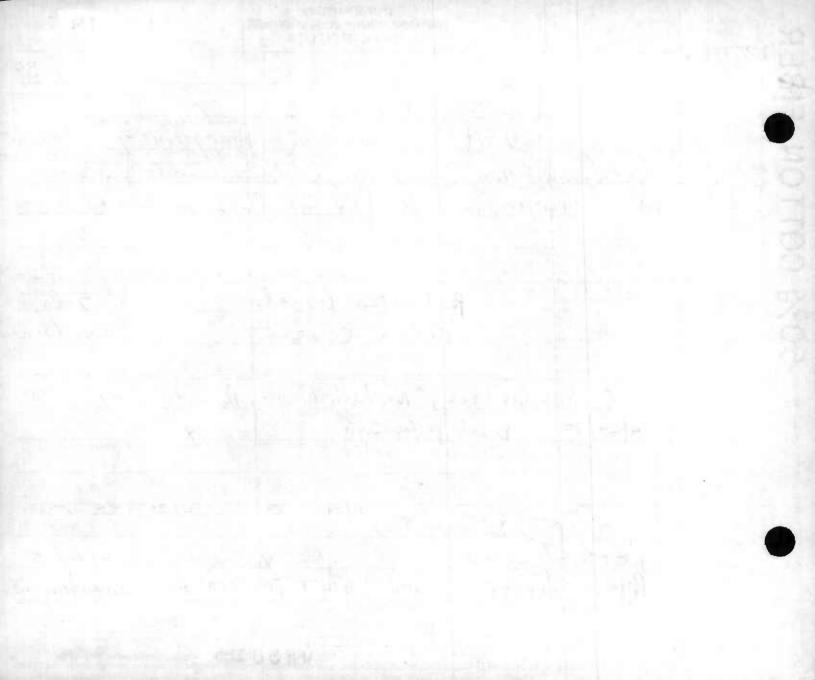
Hygn 18 sh

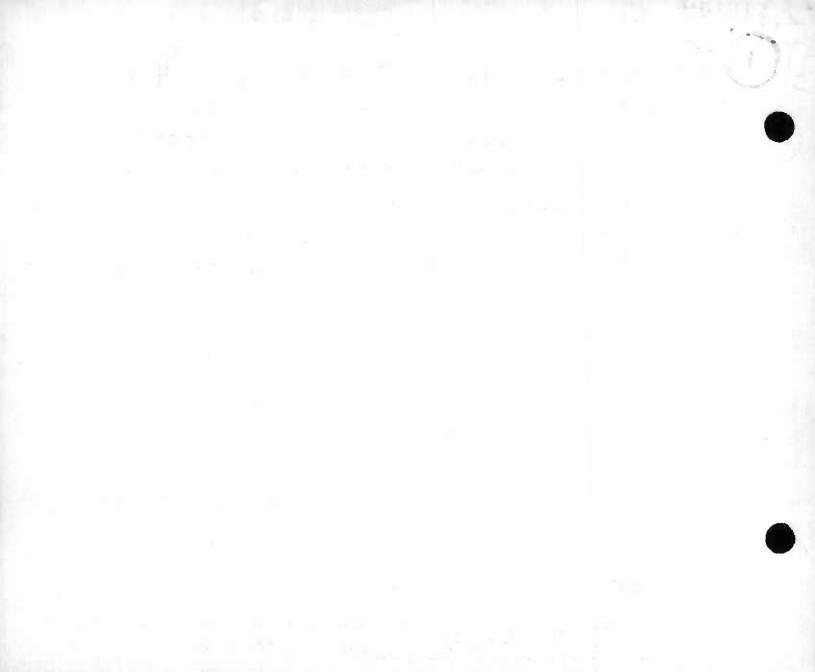
a

per

T01057 de me l'illiment province de mandelle grant of the Colored to the survey the state of the s I was die him to Broke a desire him with the war to lok to the same of Charles hope to the way 223 WHY V 910-10 LESSER WELL FRANCE CON BR. SSALM

STATE OF MARYLAND



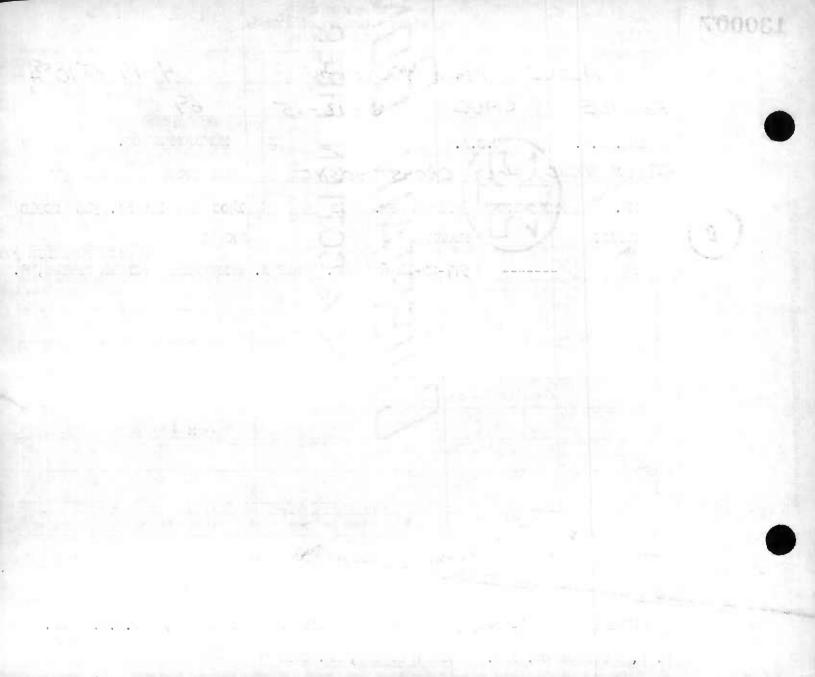


SILVER SPRING.

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

W. CHAMBERS CO.

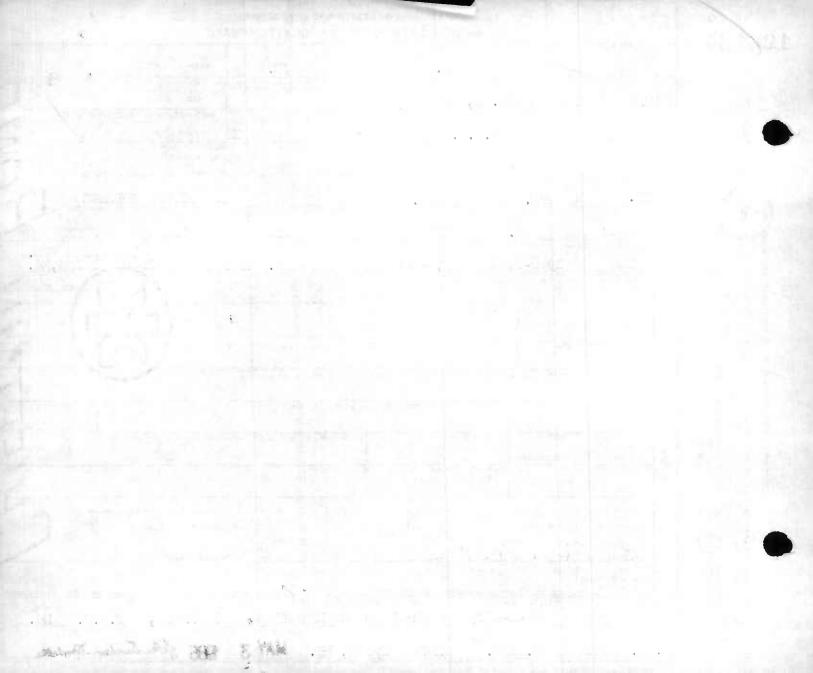


1131	្រុ	FOR STATE REGISTRAR			IT OF HEA	F MARYLAND A LTH AND MENTAL HYG ATE OF DEATH	TENE	2 0	1 0	
1		CEASED NAME FIRST	MIDDLE		ŁAST		20 DATE OF DEATH		DAY YEAR	2b HOUR
# 0 m #	(1YPI	Franc	es Mo	oshier	Mo	rehouse	April	16,	1985	12:35
0 0	3. SE		4. RACE		DATE OF E		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 74 HRS
urs af		Female	White		Marc	h 23,1913	72	YRS		
72 had die	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	MARRIED [NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
5 5 6		alifornia	USA		VIDOWED [Montgo	-		ME
by the filed w	S	ity or town of DEATH ilver Spring	1	d Nurs	ing		120 USUAL OCCUP (TYPE OF WORK FOR MO Ret. Fe	T OF WORKING	INDLISTRY	OF BUSINESS OR
should be renamed be	13a M		NTY 13c. CIT	TY OR TOWN	13	LINSIDE CITY LIMITS?	13e STREET ADDRES	S/ZIP COL	om Lane	0903
arie 2	14. F	ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN NAM	WIDDFI		LAS	51
es I ond		Granville		ighton		Frances	Α.	RESS	Moshi	.er
Poges	(VE WAR OR DATEST	CIAL SECURIT		INFORMANT			Como	- 12m
7. P		None 18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	57			Jeannette	Novak (S)	ster)		MATE INTERVAL ONSET AND DEATH
sermit Then please the prior to burial, or other was only injury, or other to burial.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU				20a AUTOPSY3	20b IF YI	ES, WERE FINDIN	NGS USED OF DEATH?
Hygie 18 shay	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	RY	2	It HOW INJURY OCCURE	YES NO		YES PART OF PART 21	NO 🗌
Item 18		OR CONTRIBUTING CAUSE OF DE		ONTH DAY	YEAR					
and wer	MEDICAL	21d INJURY OCCURRED WHILE NO! WHILE AT WORK	21e PLACE OF INJU	JRY ORY OFFICE FARM	2	F LOCATION STREET	.A C.	rtown	NIY	STATE
F bept of Health		27a I certify that (I) (this hosp saw the decosed alive or above, (I) (we) (did) (did no	HAM 2	- 1985		not in (my) (our) apinion of GREE	MEDICAL S	TAFF	our and from the	that (I) (we) last couses stated
should be defact with the State De IMPORTANT: If H	8	Dr. Meren	ndino,MD		2	PHYSICIAN (A ADDRESS 11620 Kei	mp Mill		s.Md.	100
of M	23a B	BURIAL, CREMATION, REMOVAL SPECIFY: Urial	23b DATE 4/ 18 /			etery or crematory Washingtor	n Adelph		PG™Mar	
50M 4/83		UNERAL DIRECTOR		ADDRESS		25a. DA	JPRO 1 BG19	1956 REGIS	STRAR'S SIGNAT	URE
15, 4)	1 E	lines/Rinaldi	11800 Ner	w Hamr	.Ave	.S.S.Md.				

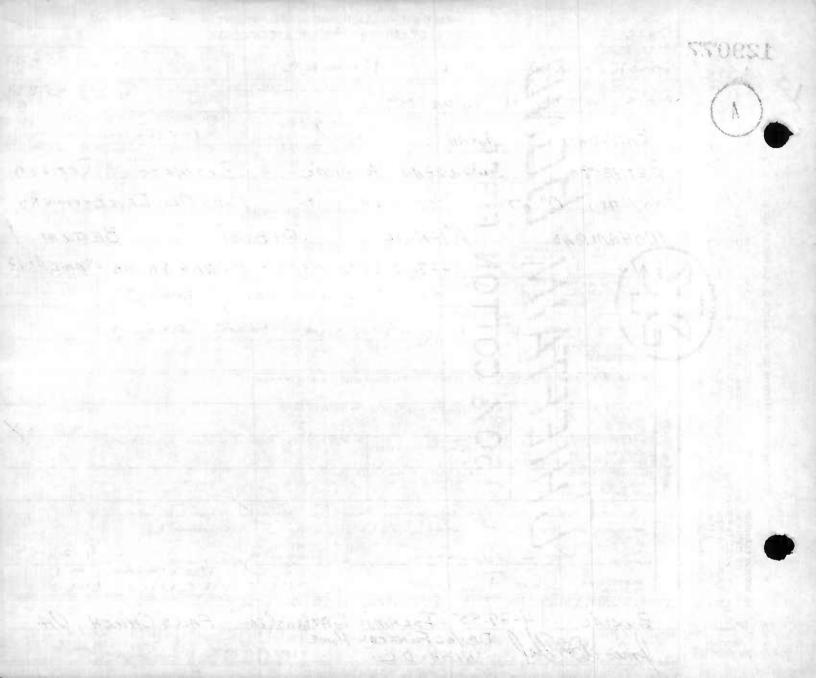


DECEASED NAME (TYPE OR PRINT) L. MOTTIS, ST. DEATH MATED DEATH MATED DEATH MATED DEATH MATED DEATH MATED TO SETT- DEATH MATED DEATH MATED DEATH MATED DEATH MATED TO SETT- PRONOUNCED TO BALTIMORE CIT TO SETT- PRONOUNCED TO SETT- DEATH MATED TO SETT MATED TO SETT MATE TO SE	4-13 1985 A MONTH DAY YEAR 24 HOUI 4-13 1985 11:4 a. A MY OR COUNTY OF DEATH METY COUNTY, ME (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY ent operator Concrete et Str. Manufacturin Unknown RESS. — Unknown
THE EXPOSE I. L. MOTTIS, ST. DEATH MATED ISLX 4 RACE White July 20, 1925 59 yrs. 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) FOREIGN COUNTRY) PENNSYL VARIA 10. CITY OR TOWN OF DEATH ROCKVIlle 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FIN OR) IN SUCH FACILITY, GIVE STREET ADDRESS) 130. STATE MARRIED NEVER MARRIED 131. OLITY OR TOWN OF DEATH 131. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 132. CITY OR TOWN 133. STATE 14. FATHER'S NAME FIRST MODIE MONTIS 15. MOTTIS 15. MOTTIS 15. MOTTIS 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ASPHYXIA CTUSE TO JULY OF CHOST CONTISE TO JULY OF CHOST CONTINUE TO JULY OF CHOST C	4-13 1985 A MONTH DAY YEAR 24 HOUI 4-13 1985 11:4 4-13 1985 11:4 a. A TY OR COUNTY OF DEATH METY COUNTY, ME OR INDUSTRY ent operator Concrete et Str. Manufacturin 21/01 Unknown RESS 15 S. Market St Frederick, Md.
S. DATE OF BIRTH YEAR S. DATE YEAR S. DATE YEAR S. DATE YEAR YEA	4-13 1985 11:4 ATY OR COUNTY OF DEATH MERY COUNTY, ME IT OF COUNTY OF BUSINESS OR INDUSTRY ent operator Concrete et Str. Manafacturin 21/01 Unknown RESS 15 S. Market St Frederick, Md.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE 130 STATE 131 STATE 132 STATE 132 STATE 133 STATE 134 STATE 136 COUNTY 136 CITY OR TOWN 136 STATE 143 STATE 144 STATE 145 STATE 156 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)	nery County, (ITYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY ent operator Concrete et Str. Manufacturin 21701 Unknown RESS 15 S. Market St Frederick, Md.
III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ROCKVILLE 1.61.0 Gaither Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION), GIVE STREET ADDRESS) 1.61.0 Gaither Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION), GIVE STREET ADDRESS (IF OR) 1.61.0 Gaither Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION), GIVE STREET ADDRESS (IF OR) 1.61.0 Gaither Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION), GIVE STREET ADDRESS (IF OR) 1.61.0 Gaither Road 1.61.0 Gait	ent operator Concrete et Str. Manufacturir Unknown RESS 15 S. Market St Frederick, Md.
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 134. INSIDE CITY LIMITS? 134. INSIDE CITY LIMITS? 135. SEREET ADDRESS 136. STATE 136. STAT	et Str.Manufacturin 21701 Unknown E5515 S. Market St Frederick, Md.
Herman C. Morris Sarah E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) W. W. II 217-20-7347 Ermest L. Morris, Jr., 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Out TO, OR AS A CONSEQUENCE OF Canditions, if any, which Crusch Indiany of Chest	Unknown E515 S. Market St Frederick, Md.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IFYES, COVE WAR OR DATES) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDR Yes W. W. II 217-20-7347 Ermest L. Morris, Jr., 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Asphyxia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Cruich Indiany of Chest	Frederick, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Asphyxia Due to, or as a consequence of Conditions, if any, which Charles Indiany, of Chest	Frederick, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Asphyxia Due to, or as a consequence of Conditions, if any, which Charles Indiany, of Chest	BETWEEN OF TO DEATH
Cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
190. DATE OF OPERATION 191. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 211. TIME OF INJURY HOUR A M. MONTH, DAY, YEAR 11. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A M. MONTH, DAY, YEAR	20 AUTOPSY? YES XX NO
	M 18 PART 1 OR PART 2)
UNDERLYING ASSOR UNDERLYING SAUSE OF DEATH 11:20xx 4-13 19 85 crushed between tread and 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK CONSTRUCTION SITE 1610 Gaither Rd., Rockville	COUNTY STATE
220. I certify that I took charge of the remains described above, held an Autopsy XX Inspection Inquiry death resulted from: Natural causer Accident XX Euicide Hamicide Undetermined manner ACTUAL SIGNATUR ASSISTANT MEDICAL EXAMINER	and in my apinian DATE SIGNED 4-14-85
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St., Balt	to., Md. 21201
236 BURIAL, CREMATION, REMOVAL THE DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN Burial Apr 17, 1985 Mt Olivet Cemetery Frederick, F	rederick, Md. STATE
24 FUNERAL DIRECTOR PROPERTY AND BASIOTA Funeral Home 256 DATE REC'D. BY REGISTRAR 256 R 257 DATE REC'D. BY REGISTRAR 256 R 258 DATE R 258 DATE REC'D. BY REGISTRAR 256 R 258 DATE R 258	REGISTRAR'S SIGNATURE

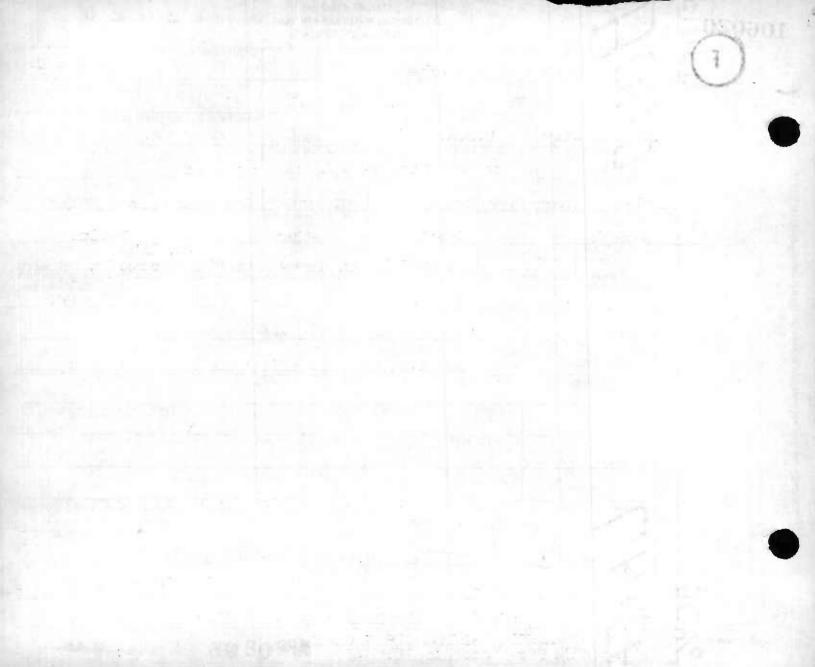
	12		FOR					DEPART	ST MENT O		MARYL.		LHYGIEI	NE	2	0	8		
400	1000		STATE REGISTRAR						EXAMI						PEG	NO.			
14	31.34	1. DE	CEASED NAME		FIRST		-	WIDDLE			LAST			2a DATE	KNOWN		ONTH D	AY YEA	R 26 HOUR
	₩ & & & E	(TYP	E OR PRINT)	RC	BERT			A.			MURRAY	y JR.		OF DEATH	ESTI- H MATED	F 4	4 28	3 19 8	5
	RECHEASE SERVICES	3. SE)	(4 RACE	5	S. DATE O			6. AGE (IN		UNDER TY		DER 24 HRS			47		DAY YE	
12	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS 1 W. PRESTON STREET,		MALE	WHIT		AUG.		1929			NTHS DAYS		MIN.	PRONOL DE A	JNCED AD		4 29		5 6:40
8	ESS.		RTHPLACE (ST	ATE OR	1	76 CITIZE	N OF WH	IAT COU	NTRY?	8 MAI	RRIED [NEVER MA	RRIED	9 BALTI	MORE CIT	Y OR CO	DUNTY C	F DEATH	
	DANCE NO.	1	/IRGINI	A		J	J.S.A			WIDO	OWED	DIVO	RCED 💢		ntgom			Ey .	MD
	AY IS I THE FI THE FI AGE 5	10 CI	TY OR TOWN	OF DEATH	1				JRSING HO		THER INSTI	TUTION	12a US	MAL OCC	UPATION	(TYPE OF W	ORK 12b		BUSINESS STRY SHIT
	JOB 118	Ke	nsingto	n		(van			1 Detr		Ave.		100	OWNE			AU	TO DE	
-	DEL 3 TO AIN P JID BE ORDS	USUA	L RESIDENCE	IF IN NURSING		OTHER INSTI		E RESIDENC	E BEFORE ADMI	155 (ON)							110	aci	194
3	3338675	13a S	Md.	13b	UNK			UN	Y OR TOWN	4	YES X	E CITY LIMITS		NO NO	RESS FIXET	ΔΤ	DRES	d	1
6	Wieil 2	14 F/	ATHER'S NAME		OTHE			1 014	17.				IDEN NAM		1 12111	AL	טשוע		
18	熱調列了		FIRST			MIDDLE		3.60 Fm	LAST		13 110	FIRST			MIDDLE			LAST	
20	BAR 59 7	Ida V	ROBERT VAS DECEASED	EVED INII	I C ADAM	A.	- 6.0	MUR	CIAL SECUI	DITY NO	III INEC	LI	_A		MAE	ECC		ONES	
ALTIM	INS AFTER SINTH FOR WITH FOR PAGES DIVISION		ES, NO, OR UNKNOW	VN) I (IF	YES, GIVE WA	AR OR DATES	1		-38-5				RICH	MAN		TLVE		IGO A	AVE. Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	HIN 24 HOU E. IN ITEM 18 VSIT PERMIT HYGENE, EMOVAL.	MEDICAL CERTIFICATION	Canditian gave ris	s, if any, e ta imn stating the lost. NIFICANT (0)	Which mediate under-	BY: CAUSE (DUE (I) DUE (C) INTRIBUTING	Arte TO, OR	erios As a col As a col BUT NOT REL	SCLETO NSEQUENO NSEQUENO	E OF ERMINAL DISI	ASE OR CONOI	TION GIVEN II	N PART 1 \q				2 E	O AUTOPS	
DIVISION OF	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIPPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRAINED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR RECOVER.	MEDICAL CE	UNDERLYING CONTRIBUTION 21d INJURY O WHILE AT WORK	OR O	ILE C	af the ren	P.M. PLACE C TREET, FACT	ORY, FARM,	(AT HOME,	21f. I	OCATION STREET OPSy Ho	Iy Inspector Ins	tian .	Inquir etermined r	y , , manner (and in r	COUNTY my apinia ATE GNED		
07/B4 25M	BP	- (:	URIAL, CREMAT CREMATI UNERAL DIRECTOR	ION		DATE 5-1-1	.985		NAME OF CHAMBI		OR CREMA	TORY	73d. L CIT TE REC'D. B		RDALE	EGISTRA	P.G.		Md.
	(VR A15 ME (5))	W.		MBER	S CO.	INC		SIL	VER S	PRING	. Md.	M/	AY 3	1000	4	in the	vidan	Book	



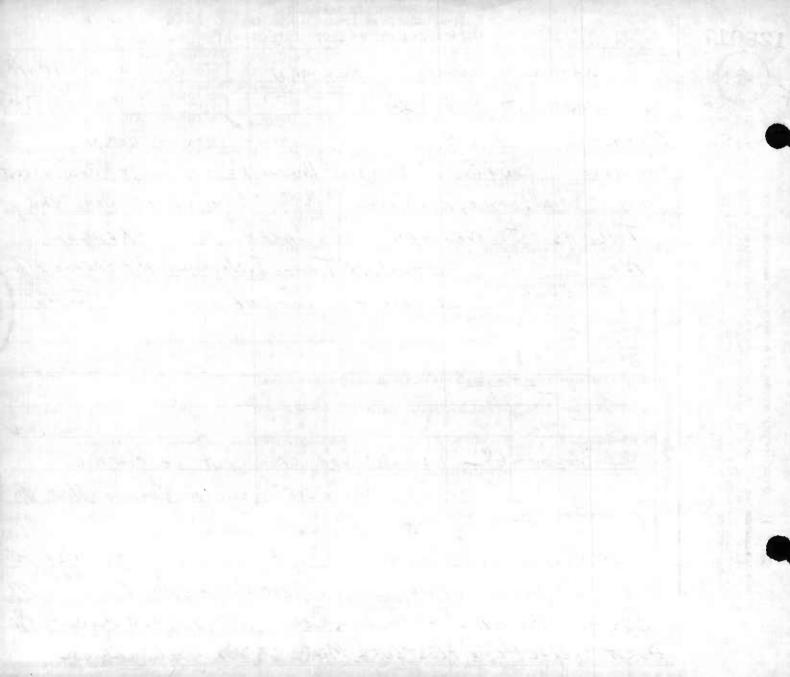
l1-	FOR STATE	STATE OF MARYLA DEPARTMENT OF HEALTH AND A		9
7 1. DE	REGISTRAR CEASED NAME FIRST PE OR PRINT)	MEDICAL EXAMINER'S CERTIF	OF CCTI	ONIH DAY YEAR - 15 HOU
3. SE	X 4. RACE 5. D	DATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY HONTHS DAYS		19 19 19 14 10 14 10 19 19 19 19 19 19 19 19 19 19 19 19 19
FC	BAEHDAD	TRAN WIDOWED I	NEVER MARRIED 9 BALTIMORE CITY OR CO	Damary WE
71	BRTHESDA	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTIT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LOS UNITS OF THE CONTROL OF THE CONTROL F THE CONTROL LOS UNITS OF THE CONTROL OF THE CONTROL OF THE CONTROL LOS UNITS OF THE CONTROL OF THE CONTROL OF THE CONTROL LOS UNITS OF THE CONTROL OF THE CON	TUTION 12d. USUAL OCCUPATION (TYPE OF V	RETIEED
5 m	AL RESIDENCE (IF IN NURSING HOME OR OTH STATE 13b COUNTY ARYLAKO NON	TOCKVILLE YES	10000000	20852
11	MOHAMMAD	KITALIC	HERS MAIDEN NAME BIBIBI ADDRESS ADDRESS	BESUM
100.	WAS DECEASED EVER IN U.S. ARMED IES, NO. OR UNKNOWN) (IF YES, GIVE WAR O			18 -SAME AS 13
NO	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.	(b) DUE TO, OR AS A CONSEQUENCE OF (c) (c) THE TERMINAL DISEASE OR CONDITION OF THE		
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFO	ORMED?	20 AUTOPSY? YES \(\sigma \) NO \(\sigma \)
CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR	RY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	216 PLACE OF INJURY (ATHOME. 216 LOCATION STREET, FACTORY, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	death resulted from: Notural co		Inspection , Inquiry , ond in micide . Undetermined monner .	my opinion
7	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Vaile M.D. D	MEDICAL EXAMINER	DATE 4-2)-8)
23a.E	BURIAL PRINTING BURIAL 236 D	ADDRESS ATE - 29-85 7 SLAMIC FACE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS)	COUNTY JATE
24 F		DEVOLFUNKER HOME	250. DATE REC'D. BY REGISTRAR 250 REGISTRA	AR'S SIGNATURE



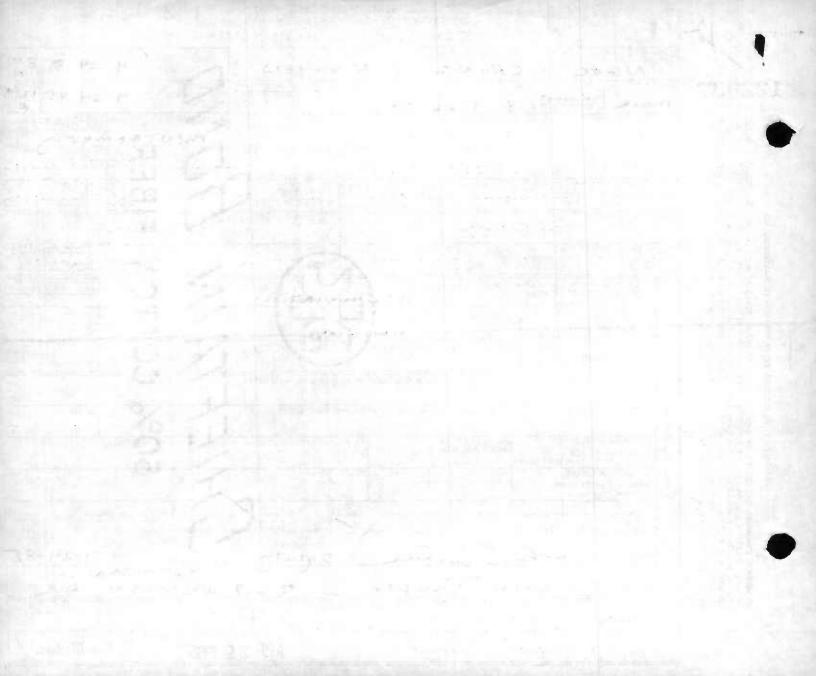
06030	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DE	CEASED NAME DO FIRST DO ROT	HY ROSE Eis		ELMS	20. DATE OF DEATH MONTH	02/85 7 38 M				
ctor. pz	3. SE F (emale	White	June 5. DATE O	14, DAY 1916	6 AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS				
oth. Pog	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY) York City	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT MONT GO	MEDY				
ofter de led within	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN JIF NOT IN SUCH FACILITY, GIVE STREET Hebrew Home of (G HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS OR				
filled in by ould be fill	13a. S	STATE 136 COUI	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP COI					
withir d 2 sh d 2 sh		THER'S NAME FIRST Joseph	MIDDLE LAST Sebo1		15. MOTHER'S MAIDEN NAME FIRST Esther		Levitz				
n ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT			17. INFORMANT	AMM SS 20 isen;8513 Rosew	814 ood Dr.,Bethesda				
physicio npapers. imavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a) HEP	ATIC	FAILUR	E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEK				
ires that the death or gned by the attendin n please remove carb burial, cremation, or ry, or other troumation		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) L Y M P) DUE TO, OR AS A CONSEOU (c) H (S T) CONDITIONS CONTRIBUTING TO	10 ME ENCE OF OCYT	TC LYMI	PHOMA INAL DISEASE OR CONDITION G	IVEN IN PART 1101				
n. has been si permit. The ine prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc				
otherding physicial the this certificate is the burial-transit and Mental Hygier and Mental Hygier is an item 18 st		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18					
attending s the burn and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	-	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
haspital or shed for use a sept of Health Hem 21 is mo			ital) attended the deceased from 19 Wi view the body ofter death.		d that In (my) (our) opinion opegree ATTENDING PHYSICIAN [death accurred on the date and hi	our and from the couses stated 22c DATE SIGNED 0 4/0 2/85				
retained by the retained by the TO FUNERAL E should be detain with the State E IMPORTANT: If		220 PHYSICIAN'S NAME (TYPE	PATEL		6121 MCX	TROSE RD	ROCKVILLE MD				
BP	В	BURIAL, CREMATION, REMOVAL (SPECIEV) UK 121	4/3/85 K:	ing Da		n Falls Church;					
HMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR DANZAN 170 Rockville P	SKY-COLBDBERG ME	MORIA Md. 2	CHAPELS 250. DAT 0852	REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE				



					STATI	OF MARYLAND	1 2	0 2
	00414		OR STATE			EALTH AND MENDAL I		0 25
12	6017	F	REGISTRAR			R'S CERTIFICATE (OF DEATH REG.	NO:
/			EASED NAME FIRST	M	IDDLE	LAST	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
1 1	30 o 200	1	KATHL	EEN MI	4R18	NEWMAN	OF ESTI- DEATH MATED	0 4 20 10 85 07 M
1	365.5	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR		R 24 HRS. 2c. DATE	MONTH DAY YEAR 26. HOUR
4	N.7.		CAMA	MONTH DAY	60 24 YRS	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	4 20 19 87 07 55 M
	AND ON TO ON	2. 01	THPLACE (STATE OR	7b. CITIZEN OF WHAT			/	Y OR COUNTY OF DEATH
	FOR YOU WITHIN 7	FOR	EIGN COUNTRY)	11 A	COUNTRY	MARRIED NEVER MARE	RIED A	OR COOKIT OF BEATH
	7 3 10 10 10	1	IRRYLAND	1 1.5.1		WIDOWED DIVOR	1/	OMBRY MD
	PAGE 5	HO CII	Y OR TOWN OF DEATH	11. NAME OF HOSPIT		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS
	30 5 5 5	R	CKVILLE	SHDY GRO	//	ITIST NOPITAL	RECEPTION	IST ENCAN GEST
=	- m= 0 000 P	USUA 13a. ST	L RESIDENCE (IF IN NURSING HOME ATE 1136, COUL	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION	leas meas core/mass	la cracer appear	CHUX500
21201	AND 3 T	130. 51	ms moi	VT6 DWERY	RACKIILLE	13d. INSIDE CITY (IMITS?	130 STREET ADDRESS	IN JOHN TKWE
MD.	= 2.6. N = =	14. FA	THER'S NAME	- I BUMBELL	7100007-00	15 MOTHER'S MAID	EN NAME	
	DEATH.		1120 0000	MIDDLE 1/-	LAST	FIRST	MIDDLE	Page LAST
0 8	38876	16a \A	AS DECEASED EVER IN U.S. AI	DALED EODOGES	6b. SOCIAL SECURITY	SALA NO. 17. INFORMANT	ADDRI	NEHGAN
N N	FTER DEATH F PAGES 1, FORM PM SES 1 MUD ION OF WID	(YE	S, NO. OR UDANOWN) (IF YES, GIV	E WAR OR DATES)	21	-0	7.1	Min Caller - 11
BALTIMORE,	A STAS		100		219-82-93	18 HOMAS.	-NEWMAN,	MIT. SHUKE, MP.
	WIT. P.	7	18 CAUSE OF DEATH (Enter o	inly one couse per line for	r (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH
PRESTON ST	24 HOUR TITEM 1B. ONG W PERMIT. SIENE, D		PART DEATH WAS CAUSI	ATE CAUSE (a)	MULTIPE	E TRAU	MA	ACUTE
010	A 24 H A ITEN A ITEN IT PER YGIEN		8101		A CONSEQUENCE OF			
iii	- 10 T		Conditions, if any, which					
×.	WIT TRAINE		gave rise to immediat cause (a) stating the under		A CONSEQUENCE OF			
201			lying cause last.					
	XECUTEL JG" IN F SAL EXA BURIAL AND M ATION,	100	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NOT BEHATER TO THE TERMIN	AL DISCASS DA CONDITION CIVEN IN D	ARY 1	
DIVISION OF VITAL RECORDS.	日本スタエタ	z		-	NOT REEXIED TO THE TERMIN	AC DISCASE DE CONDITION GIVEN IN P.	AKI I d	
<u>Q</u>	MED BE MED AS	CERTIFICATION	19a. DATE OF OPERATION	TIBL CONDITIO	NI FOR WHICH OPERA	TION WAS PERFORMED?		Ten autonomo
7	SHOULD ORD "PE CHIEF A E USED A TOF HE	N S	THE DATE OF OPERATION	178. CONDITIO	N FOR WHICH OPERA	HON WAS PERFORMED!		20 AUTOPSY?
V.	CERTIFICATE SHO DED TO THE CHIL E 3 SHOULD BE US E DEPARTMENT OF	E						YES NO Z
0	TO WEN		210 EXTERNAL CAUSE WAS	216. TIME OF IN		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
N O	STOT STOTE OF STOTE O	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 635 DM	4 20 1985	VAN SPUI	U OUT OF	CONTROL
ISI	PRI	8	21d. INJURY OCCURRED	21e PLACE OF STREET, FACTOR		211 LOCATION STREET		COUNTY / STATE
ā	WARDED PAGE 3 STATE DEP	2	WHILE NOT WHILE	577	PEET	0 3	MIDDLE LAND 16	CHURTE MANT. MX
	E, WRI RWARD PAGE STATE							11/11/11/11
	MINER: HIFICATE BE FOR BE FOR HITHES YIAND,		220. I certify that I took chai	rge of the remains describ	ped obove, held an	Autopsy Inspection	on L. Inquiry L.	and in my apinian
	多世界の主張		death resulted from: Nat	ural causes . A	ccident La, Suici	de	Undetermined manner	
	EXA OLD OER		ACTUAL	()hh	1/1/18	TITLE (SPECIFY)		our ula la
	CUTE THE CERTING T		SIGNATURE OF	eexwy	MINIS	M.D. Deft	MEDICAL EXAMINER	SIGNED 4/20/15
	MEDIC CCUTE THE SE 4 SH FUNER FER DEA		EXAMINER'S NAME	0/1	1		11	5. 20814
			(TYPE OR PRINT)	was 6 11.	1446	ADDRESS 8200	WIS CONSIN DE	4 DETYESDAMA
	PAGE AFT	230 BL	RIAL, CREMATION, REMOVAL	236 DATE	23c. NAME OF CEMI	TERY OR CREMATORY	23d. LÖCATION	COUNTY STATE 4.0
07/84	BP	13	BURIAL	HR. 23 1985	ST. PATA	ICK CEM.	MIT. SAVA	GF HLLEGANY MD.
25M		24 FL	NERAL DIRECTOR	. /		25a. DATE	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	1	FURST FINEDA	H HOME	POSTRUR	G MAAR 21	5 1985 LA K	William Bridge
	,	-	THE TOP CAN	-010/12	VEN 1901	~ , , , , , , , , , , , , , , , ,	June June	27/10-12-12-12-2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED NEWYEN CHUNG NGOC AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Oriental DEAD 19 5 FOR YO, WITHIN TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED XNEVER MARRIED FOREIGN COUNTRY) Vietnam United States WIDOWED DIVORCED MONTEOMERY FILED Q CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Restaurant Pood Se Shetland Rockville Maryland20851 #2 Shetland Ct., Rockville 13d. INSIDE CITY LIMITS? Maryland Montgomery Rockville YESXX PM 3. RE ND 2 SHO VITAL PEC 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Not Available Not Available DIVISION OF ADDRESS 7 1/2 Gorman Ave 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO, OR UNKNOWN) (IF YES, GIVE WAS OR DATES) 586-58-3179 Quan C. Nguyen Laurel, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ USED AS A BURIAL - TRANSIT I OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMOV Canditions, if any, which HANGING gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITII PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P CITY OR TOWN STREET, FACTORY, FARM, ETC 1 STREET STATE COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. 23d LOCATION Parklawn Mem. Park Rockville 07/84 Pumphrey Funeral 25M 24. FUNERAL DIRECTOR DHMH - 17 Homes, P.A. Rockville, Maryland (VR A15 ME (51)



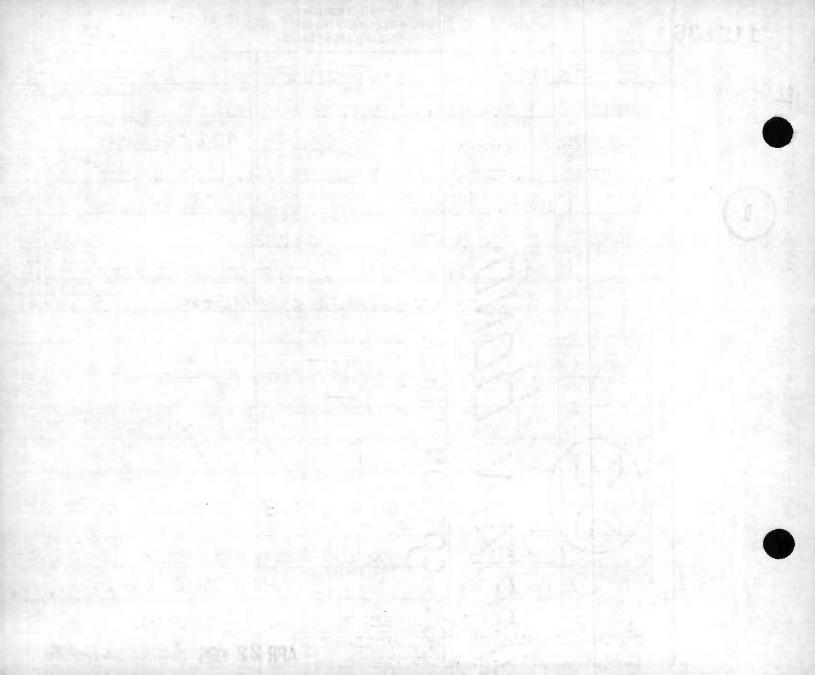
(VRA 15, 4)

1975 Moverly St. Clare Serine, 30 minoral

Latyra

John J. Manay III

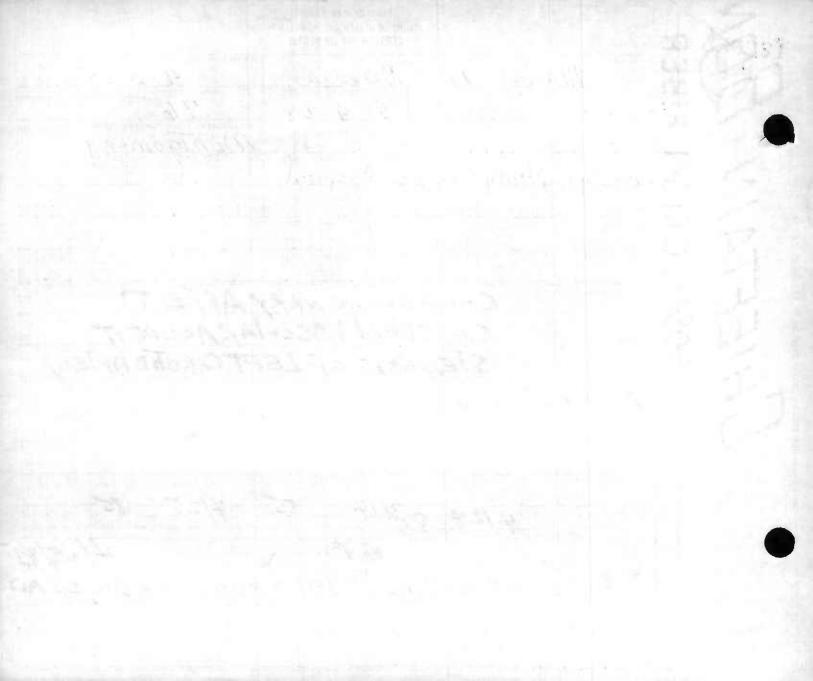
Jeseph caller's one, i.c. ... nojnaklen ... en itmoopst Obra



	SED IN WINE	IRST	WIODLE		LAST	2e DAT	REG. NO		DAY YEAR	26 HOUR
(TYPE OR		avern	Marinus	N	ielsen	OF	ESTI-		1 19 85	AA
3 SEX	4 RACE	5. DATE OF BIR	TH 6. AGE	(IN YEARS IF UN	DER I YR. IF UNDE	R 24 HRS. 2c DA	ATE.	MONTH	DAY YEAR	2d HOUR
Male	Cauca	sian Aug. 1		71101111	S DAYS HOURS		AD DUNCED	4	1 1985	8:10
7a. BIRTH	PLACE (STATE OR	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRI	ED XX NEVER MAR	RIED 9 BALT	IMORE CITY O	OR COUNTY	OF DEATH	
- All .	inois	United		WIDOW		1.50	ontgomei			MD.
10 CITY	OR TOWN OF DEATH	(IF NOT IN SUC	OSPITAL, NURSING H FACILITY, GIVE STREET ADD	ORESS)	ER INSTITUTION	120 USUAL OC		E OF WORK	OR INDUSTI Nation	SINESS
	ockville	1409	Bernerd P			Admini	strativ	e Ass	Nationa Science	a⊥ emy o f
13a. STAT	1136	COUNTY	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e STREET ADI	DRESS	70.7		ces
	yland M	ontgomery	Rockvi	lle	YES NO		ernerd	Place	20851	
/ 1	RS NAME FRST Marinus	WIDDLE	LAST TO THE REST		15. MOTHER'S MAIL		MIDDLE		LAST	
	MATINUS DECEASED EVER IN U	S ARMED FORCES?	Nielsen	CURITY NO.	Amali		ADDRESS	Fechte	enberg	
(YES, N	O, OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)		167 18 8907 III Security No. 17 INFORMANT Wife ADDRESS B. Nielsen Same a						
1		nter anly ane cause per			George D.	Mieisen		-	APPROXIMATE BETWEEN ONSE	INTERVAL
	OADTIDEATHLIST C	AUSED BY.			ovascular	disease			BETWEEN ONSE	AND DEATH
S S S S S S S S S S S S S S S S S S S	IM		OR AS A CONSEQUE		Ovabourar	GIBCGBC				
NEW H	Canditians, if any,									
OR OR	cause (a) stating the		OR AS A CONSEQUE	NCE OF						
Š	lying cause last.	(c)								-
PA	T 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO T	SE TERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 rais				
CERTIFICATION 511	DATE OF OPERATIO	I I I								
₹ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATION W.	AS PERFORMED?				20 AUTOPSY	
E 21	EXTERNAL CAUSE W	AS 216 TIME	OF INJURY	71r HC	W INJURY OCCUR	DED SENTER NATURE O	E HAD I DV HALITE AA 19	DART LOR BART	YES 🗌	NO [X
A P	DERLYING OR	HOUR	A.M. MONTH DAY	YEAR	W WOOK OCCOR	VED (CINEXIMATORE O	NOON! IN IICM ID	TAKI I OK FAKI	41	
WEDICAL STEE	INJURY OCCURRED	21e PLAC	CE OF INJURY (ATHO	19 DME. 21f. LOC	CATION					
¥ W	WORK AT WORK	LE STREET,	FACTORY, FARM, ETC.)	S'	TREET	CITY OF	TOWN	COUP	MIA	STATE
	_	war on approach come	1.1			ion X, Inqu				
	228 I certify than 1 total	charge of the remains	dest ford of eve, held	A []		un La. Inqu		nd in my api	nion	
ANG THE	with our band thought			Sylcide	, Hamicide	Undetermined	manner			
WITH THE VERYLAND	eath resulted from	Natural couses	1/1	1/1/	(SDECIEV)					
MARYLANG	TUAL SATURE	lews x	Dues	will	Assista	nt MEDICALEY	AAAINIED	DATE	4/1/8	35
MARYLAND	TUAL LUC	leur t	Buch	your		nt_medical ex	AMINER	DATE SIGNED	4/1/8	35
LTROOPE, MARYLAND	TUAL AMINER'S NAME PE OR PRINT)	Dennis		M.D.		Penn St.	Balto		4/1/8	35
SE 4 SHOULD BE FUNERAL DIRECTOR WITH THE DEATH, WITH THE DEATH, WITH THE DEATH, WITH THE DEATH SEARCH SEARC	TUAL AMINER'S NAME PE OR PRINT)	uni &	il 23c NAME C	F CEMETERY OF	D Assista ADDRESS 111	Penn St.	Balto	o.MD.		B5

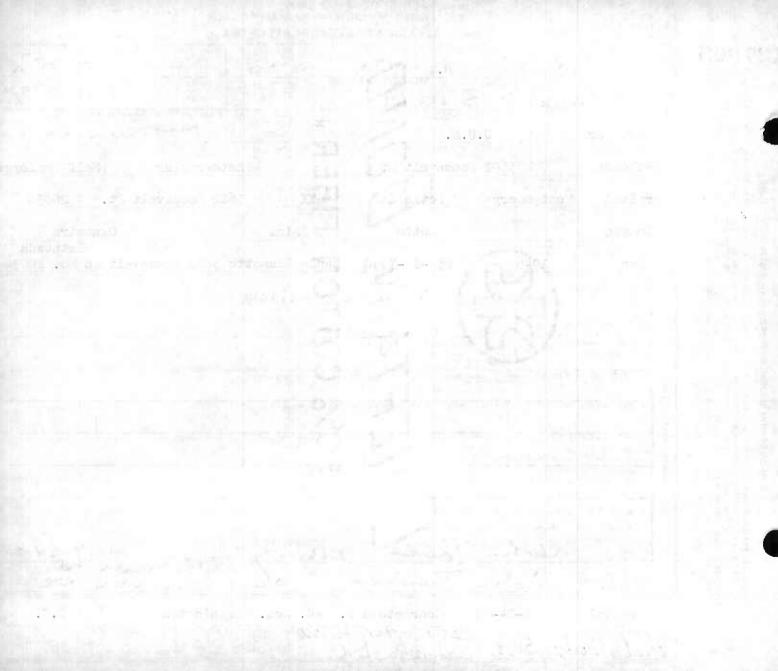


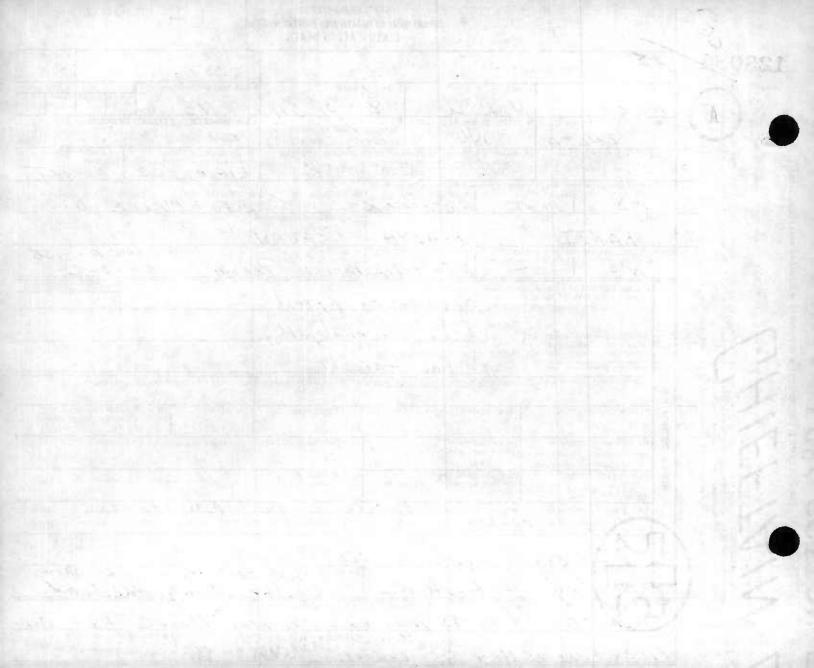
FOR



POLOLET (SI COOMITE LE 4 19 85 10 20 P. Female Bunck : 31 30 154 11 MARKELAND W. S. A. S. MONTGOMERT THE PROPERTY OF A PROPERTY OF THE MENSELVATE & PERSENANT OF The second section of the second

4.00000		FOR STATE REGISTRAR CEASED NAME	FIRST		DICAL EXAM				ATH	REG. I	Gian 4		
PLEASE COR. O LILES. O LILES. O LILES. O LILES. O LIREET, O LIREET		E OR PRINT)	oich	A I	R. 6 AGE	3 K	NDER 1 YR. TIF	UNDER 24 HRS	DEATH M	ATED	4 24 NTH DAY	19 85	26 HOUR
DIRECTOR FOR STANK PLANTS HE	~	rale JAPA	NESE "	ONTH DAY	YEAR LAST BIR	HDAY) MON	HS DAYS H	OURS MIN	PRONOUNCE DEAD	D 1	4 24	1985	76 HOUR
AY IS NECESSARY, PEASE THE FUNERAL DIRECTOR, C' THE FILED, WITHIN 72 HOURS TO W. PRESTON STREET	7a. BI	REIGN COUNTRY) New York	76.	U.S.	HAT COUNTRY?		NED K NEVER	R MARRIED []	9. BALTIMOR	E CITY OR CO	OUNTY OF E	DEATH	• MD
DELAY IS IN THE FILED. IN THE	E	TY OR TOWN OF DEAT Sethesda		5602 RO	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE DOSEVELT S	t t	HER INSTITUTIO	FO	SUAL OCCUPAT PR MOST OF WORKING Stograph	G LIFE)	OF	ND OF BUS R INDUSTR	Y
21201	13a. S Ma	ryland	ING HOME OR OTH 36. COUNTY Contgom		13c. CITY OR TOW Bethesd	٧ .	136 INSIDE CITY		REET ADDRESS 02 Roos	evelt	St.	2003	34
S AFTER GEATH. III.		Yonezo		DDLE	Okamotto		Shi	na	MIDDL		Okamu		
S AFTER GIVE PI (ITH FO PAGES IVISION	16a V {Y	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) Yes	U.S. ARMED IF YES, GIVE WAR O 1946	OR DATES)	059-16-7		Paula C		5602 R	ooseve.		Bethes Md. 2	
RECORDS, 201 W. PRESTON ST LD BE EXECUTED WITHIN 24 HOI PENDING" IN PENCIL IN ITEM II MEDICAL EXAMINER ALONG DAS A BURIAL - TRANSIT PERMI FEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NOI	Conditions, if on gove rise to in couse (o) stoting to lying couse lost. PART 2 DTHER SIGNIFICANT (mmediote he <u>under</u> -	(c)	AS A CONSEQUENCE	E OF	3	VEN IN PART 1 (g)					
OULD OULD SED JSED JSED SE HE	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	TION FOR WHICH O	PERATION	VAS PERFORME	D?				AUTOPSY?	NO 🗆
ICATE WITHE WOULD BOULD	CAL CER	214 EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING CAUSE	R		M. MONTH DAY Y	EAR 21c. F	OW INJURY OF	CCURRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
DE ECOES	MEDICAL	21d. INJURY OCCURRE WHILE NOT W AT WORK AT WO	HILE	2 e PLACE STREET, FAC	OF INJURY (AT HOME TORY, FARM, ETC.)	2 If LC	STREET		CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATOF TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 215	/	226. I certify that I to death resulted from: ACTUAL SIGNATURE	Notural co		scribed obove, held o	Auto Suicide		CIFY)	Inquiry	er ,	ATE GNED	1-24 md. Aue	1-35
BAFTI BALL	23a. B	URIAL, CREMATION, RE/	MOVAL 236. D	PATE -24-85	23c. NAME OF Georget		OR CREMATORY	/ 23d. L	OCATION TY ORTOWN Shingto		COUNTY	D.C	TE.
DHMH - 17 (VR A15 ME (5))	170	WARE DIRECTOR	Lars Si	ADDRES!	25 M1360	writ	revus	PR 29	REGISTRAR 1	25b. REGISTRA	R'S SIGNAT	URE	





RICHARD RAPP, INC.

1804 T ST. N.W. WASHINGTON D.C. 20009

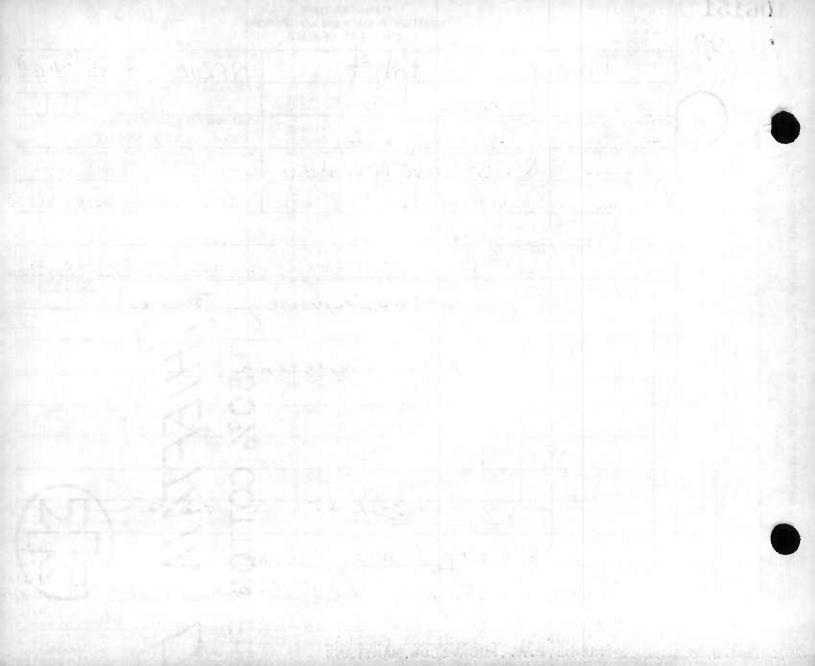
24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

DEIN PREI, SER	A SALT Y X TRUE
	SECT. OF STREET, THE STREET, S
Vitronivo	Company of the second of the s
1000 1000 1000 1000 1000 1000 1000 100	ENTERIORISM PER TENENTS PLANE.
SAME TOWNS STATES TON	The state of the second
ALEXA HOLEVELT	Company of the second
	VO
	A transfer of the second secon
TO BUT TO THE	M B MARKET AND A TANK
Estato	

106151	1		rai eta a din 1 X	STATE OF MARYLAND	5 120	3 2
no	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
3 E 5		CEASED NAME FIRST CORPRINT)	MIDDLE A.	265+	REG. NO. 20. DATE OF DEATH MONTH RPRIL	7 85 0700 A
ge 4 moy	3. SE	Male	Caucasian	Dec. 13, 1904	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Page	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	County, MD.
offer with	Ro	TY OR TOWN OF DEATH	2 (INNOT IN SUCH MACILITY, GIVE STREET	E HUV, HOSP,	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Captain USN	176. KIND OF BUSINESS OR INDUSTRY Military
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and campletely filled in by opers. Pages 1 and 2 should be fill wol. If, the medical examiner master be fill it, the medical examiner facts be fill it.	Ma	AL RESIDENCE (IF NURSINGHOME OF STATE LTYLAND MONT THER'S NAME	other institution give residence before NTY 136. CITY OR TOWN ROCKVI	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N		od Drive 20850
E, MARYLA completely 1 and 2 sh		Willis	Pabst Pabst	Blanc	che	Avery
ALTIMORE te be executed by the property of the		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV S	MED FORCES? 166. SOCIAL SECU (EWAR OR DATES) 531 10	301	1	Bernard P1. ville Maryland APPRÖXIMATE INTERVAL APPROXIMATE INTE
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici Then please remove carbon paper to burial, cremation, or remaval. injury, or other fraumatic event, th	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF Emplyse	ma RMINAL DISEASE OR CONDITION G	IVEN IN PART I(a)
AL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the offer this certificate has been signed be so the burial-transit permit Then plea th and Mental Hygiene prior to burial, and dear them A8 shows any injury, or a	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM TE	3 PART I OR PART 2)
DIVISION DING PHYSI or attending After this ce e as the buri oith and Mer	WEL	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
R ATTENIA hospital hospital RECTOR: hed for us sppt. of Hem 21 is rem.		saw the deceased alive or	ital) attended the deceased from	10.00	on death occurred on the date and he	
HOSPITAL ined by th FUNERAL vold be dete th the State		22d. PHYSICIAN STAME ITTER	E Kelly	PHYSICIAN 120 ADDRESS 9715- P	DEDICAL CEN	TEA. An MOZEUN
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	$ 12, 1985^t $ A	Name of CEMETERY OR CREMATOR' rlington Nation	nal Arlington	
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR ROBE HOMES, F	RT A. PUMPHRE	Y FUNERAL MARYLAND 25AP	ATE REC'D. BY REGISTRAR 256, REGI	STRAR'S SIGNATURE



6	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 0
02125		CEASED NAME FIRST MARY	E.		RKS	20. DATE OF DEATH MONTH	7, 1985 11 P. M
	3. SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 24 HRS
	Ja. 81	FEMALE RTHPLACE (STATE OR FOREIGN PUNTAY) Trginia	CAUCASIA ~ 76. CITIZEN OF WHAT COUNTR USA	Y? 8. MARRIE	BER 8, 1899	9. BALTIMORE CITY OR COUNT MONT GOME	
the fui d within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	EET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
filled in by sould be file	USU.		ROTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION	13d. INSIDE CITY LIMITS?	Homemaker 13-7151 Offichard	Way 21)904
within	14. FA	THER'S NAME Talter W	MIDDIE - IAG	ls	15. MOTHER'S MAIDENNA Mary st	ME Milita	Nëlson
ond comp	16a. V	VAS DECEASED EVER IN U.S. AF		8 632	D James Par	rks(Son)Same a	as 13E
certificate b ing physicial rban papers. ir removal.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), ED BY: .TE CAUSE (a)	and (ci)	Epistion!	neuronia	BETWEEN ONSET AND DEATH
of the death y the ottend se remove co cremotion, o		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE		Serilo E	enentra	Years
n signe Then p r to bur injury.	TION		CONDITIONS CONTRIBUTING			AINAL DISEASE OR CONDITION G	VEN IN PART 110
The law rection. It is been set been set permit. I giene prior	CERTIFICATION	19a. DATE OF OPERATION		ICH OPERATIO		IN CERT	IFYING CAUSES OF DEATH?
G PHYSICIAN: The lo strending physicion. er this certificate has the buriol-transit per and Mental Hygiene ked or flem 18 Lon-		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJUNY IN ITEM 18	PART 1 OR PART 2)
or attending After this cer e as the burio alth and Ment marked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO WN	COUNTY STATE
		sow the deceased sinte o	n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 9, 0	and that is (my) (our) opinion	death occurred on the date and ha	
HOSPITAL OR ATTENIMED by the hospital FUNERAL DIRECTOR. UND be detached for us the State Dept. of He ORTANT: If hem 21 is	1	22b. SIGN TURE	e	M		MEDICAL STAFF DETRECTOR DEPTYSICIAN	Faul h
0 00 = 4		224 PHYS CIAN'S NAME (TYPE	D'heibouit	mn	11/20 Neu	· Hunghia Ane.	55. Ry 20904
BP	23a.	BURIAL, CREMATION, REMOVA Surial	1 236. DATE 4/11/85	Ft.Li			PG Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	uneral director Hines/Rinaldi	11800 New	tamp.A	ve.S.S.Md.	TE REC'D. BY REGISTRAR 256. REGIS	a Devidson-Randell

Calson

France Courses v Color 1892 Paris

dans 2. avA. ome Wan norr Fatants Touch

Aceste daile Provide St PATE AND ALLOW THE HELD TO THE SALE OF THE

injury, ar other troumatic event, th

should be detached for use as the burial-transit permit. Then please remove cork with the State Dept-of-Health and Mental Hygiene prior to burial, cremation, ar with the State Dept-of-Health and Mental Hygiene prior to burial, cremation and MPORTANT. If them 21 is marked an Item 18 shows any injury, ar other troumatic

DHMH - 16 50M 4/83

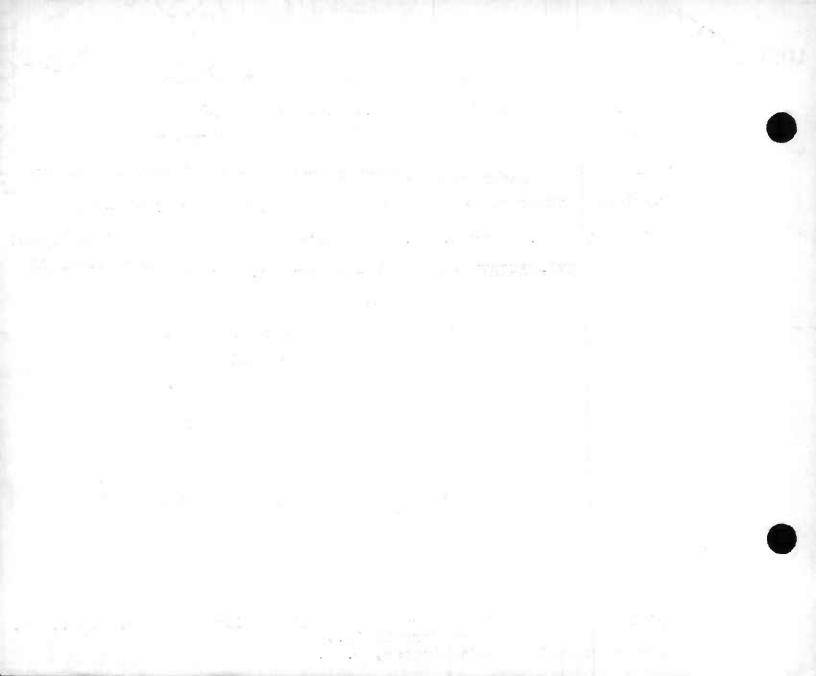
(VRA 15, 4)

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	AIE OF DEAT	п	REG. NO.					
1. DECEASED NAME FIRST	WIDDIE	LAS	T	2	DATE OF DEATH MONT	"/ " "	YEAR	26 HOUR		
TITPE OR PRINT)	aura A.	Pat	CICK		4	8/	85	12 300 M		
3 SEX	4. RACE	5. DATE OF	BIRTH	6	AGE (IN YEARS LAST BIRTHDAY		INDER 1 YEAR	IF UNDER 24 HRS		
female	Caucasian	Jan.	11 190)4	81	YRS.	THS DAYS	HOURS MIN.		
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8.	☐ NEVER MARRI	ED [] 9	BALTIMORE CITY OR CO	UNTY OF	DEATH			
notavailable	United States	WIDOWED			Monta	ome	LY C	County MD.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	ON I	20 USUAL OCCUPATION	KING LIFE)	124 KIND OF	F BUSINESS OR		
Bethesda	Suburban Hospit				Homemaker work		own h	iome		
13a. STATE 13b COI	or other institution, give residence before UNTY 136 CITY OR TOW Chevy Ch	ase	3d INSIDE CITY LIA		3e.STREET ADDRESS / ZIP 3206 Le1and S		20815	5		
14 FATHER'S NAME FIRST NOT	available LAST		notes	DEN NAME	~ al aila		LAST			
160 WAS DECEASED EVER IN U.S.			7 INFORMANT		Rock #111e	, Md	. 2085	50		
(1F YES. (217 14 7	930a	Peter R.	Harto	ogensis, 17 V	I. Je	fferso	on St.		
	only one couse per line for (0), (b), or		/ /		1		APPROXIM BETWEEN O	MATE INTERVAL DNSET AND DEATH		
PART I. DE ATH WAS CAUS	ATE CAUSE (0) LPN	16/2/	pem	ark	1250-					
	DUE TO, OR AS A CONSEQU	ENCE OF	. /							
Conditions, if ony, which										
gove rise to immediate couse (a), stating the	couse (a), stating the 1 DUETO, OR AS A CONSEQUENCE OF									
underlying couse lost.	underlying couse lost. (c)									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
0	None									
190 DATE OF OPERATION WORL 190 DATE OF OPERATION WORL 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT LIFE EITHER, NOTIFY MEDICAL EXAMINATION 216 IN JURY OCCURRED	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED)			VERE FINDING VG CAUSES (
710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY	OCCURRE	CENTER NATURE OF INJURY IN I			140		
OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH D	AY YEAR			-					
(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	P.M. 21e PLACE OF INJURY	19	211 LOCATION							
WHILE NO WHITE	AT HOME, STREET, FACTORY, OFFICE		STREET	-	CITY OR TOWN		COUNTY	STATE		
AT WORK AT WORK	pital) attended the deceased from_		// 10	70	in DIVE	200 10		the (1) hug) lost		
	not) view the body ofter death.	85 and	that in my (our)	opinion de	ath occurred on the date of	nd hour a	nd from the c	couses stoted		
obove (II) we) (did) (did	ngt) view the body ofter death.	DE	EGREE				22c DATES	SIGNED		
& June	1/1/		ATTEN		MEDICAL STAFF		46	10-		
774 PHYSIGIALS NAME (TYP	FOR PRINT)	-	77e ADDRESS	CIAN DO	DIRECTOR PHYSICIAN		1/7/	65		
John B.	Umhay		8805 (onn	AUD. CA	205	hese	· MM		
23a BURIAL, CREMATION, REMOVA	1 .1985 1		METERY OR CREMA		234 LOCATION		OUNTY	STATE		
cremation			itan Cre	mator	Alexandria		Virgin			
24 FUNERAL DIRECTOR Robe	rt A. Pumphrey Fu	meral	Homes,	250 DATE	REC'D. BY REGISTRAR 256 F	REGISTRA				
P.A.	Bethesda, Maryl			200	(12 505)		j. ,	moult		





STATE OF MARYLAND **CERTIFICATE OF DEATH**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1.	FOR STATE REGISTRAR	DEF		IEALTH AND MENTAL HYG	REG. NO.	
)87		CEASED NAME PIRST	NMI 14 RACE	5. DATE O	QUITO DE BIRTH	20 DATE OF DEATH MONTH	DAY YEAR 20 HOUR JESS JOHN IF UNDER 1 YEAR IF UNDER 23 HRI
oce.	7a B	RTHPLACE (STATE OR FOREIGN	Caucasian 76 CITIZEN OF WHAT COUN	NTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	s
Cofficed at	10 0	Illinois TY OR TOWN OF DEATH.	United States 11. NAME OF HOSPITAL, N (UNOT INSUCH FACILITY, GIVE	URSING HOME		TEN USUAL OCCUPATION THE DE WORK FOR MARIOR MOREN Attorney	What kind of Business of Industry Treasu: Department
of missipe	13a. S Ma		JNTY YI36. CITY OF			13e.STREET ADDRESS / ZIP CO	DDE 20904
xamin		THER'S NAME FIRST Peter		rson	15. MOTHER'S MAIDEN NA/ FIRST Ida	MIDDLE C.	Anderson
e medicol			GIVE WAR OR DATES)	4-0931		David W. McVick e Crt., Alexand	ria, VA. 2231
event, th		PART I. DEATH WAS CAUS	only one couse per line for 101, (SED BY: ATE CAUSE (0)	Cando Cando	ine Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
njury, or other troumotie	NO	Conditions, if ony, which gove rise to immediate couse 10, stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
Swo out	CERTIFICATION	190 DATE OF OPERATION	. 19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
Hem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
rrked or	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY . STATE
If Nem 21 is mo		sow the deceased alive a	pital) attended the deceased on the property of the property o	19 13.0	nd that in (my) (our) opinion of DEGREE	, to	19 that (1 (re)) hour and from the couses stated 27c DATE SIGNED
MPORTANT		22d PHYSICIAN'S NAME (TYPE Michael Le	1 bouit us	n	PHYSICIAN E 122e ADDRESS 11, When	Leg A, re Au	(My 2040
IMPORTA	23a. f	BURIAL, CREMATION, REMOVA	6, 1985	Parklawn	EMETERY OR CREMATORY Memorial Par		COUNTY Maryla
M 7/84 4)	24 F	NAME	bert A. Pumphr A., Bethesda,	7FTS		APR 1 1 1985	STRAR'S SIGNATURE

The state of

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE L DECEASED NAME KNOWN X 20 DATE 2h HOUR (TYPE OR PRINT) ESTI-GEORGE PENDLETON DEATH MATED 22 10 85 4 RACE 3 SEX 5. DATE OF BIRTH AGE LIN YEARS IE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) ;20 PRONOLINCED 19 85 DEAD White Male Oct. 15 1919 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Montgomery County U.S.A. WIDOWED Missouri 2, AND 3 TO THE FULLS.

3. RETAIN PAGE 5
SHOULD 8E FILED,
AL RECORDS. 201 W. III. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Silver Spring Holy Cross Hospital Attorney Law USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 30 STATE 13c. CITY OR TOWN 13e STREET ADDRESS Maryland 3543 Hamlet Place 20815 Montgomery Chevy Chase VITH FORM PM 3. OPMITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Pendleton Katharine Burum Edmund 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS Wash .. D.C. 16b. SOCIAL SECURITY NO DIVISION (YES. NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES! 149-05-4466 Philip Pendleton. 4486 MacArthur Blvd WWII Yes 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Thoracic trauma MMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIBECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARMAND, 21201 PRIOR TO BURIAL, YES X NO T 216 TIME OF INJURY HOUR ZX MONTH DAY YEAR 71g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING CONTRIBUTING CAUSE OF DEATH 10:30M. 4-22-1985 Driver of auto/fixed object impact. TIE PLACE OF INJURY (ATHOME. 71L LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE 1700 East-West Hwy., Silver Spring, Montgomery, road AT WORK 228 I certify that I took charge of the remains described above, held an and in my opinion Accident X Hamicide death resulted from: Notural couses Undetermined manner TITLE (SPECIFY) ACTUAL 4-23-85 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) 23g BURIAL, CREMATION REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION 4/24/85 Cedar Hill Crematory Cremation Maryland Suitland BP Gawler's Sons Inc. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Joseph DHMH 17 5130 Wisc. Ave., N.W. Wash., D.C. (VR A15 ME (5)) Davidson 20M 4/82

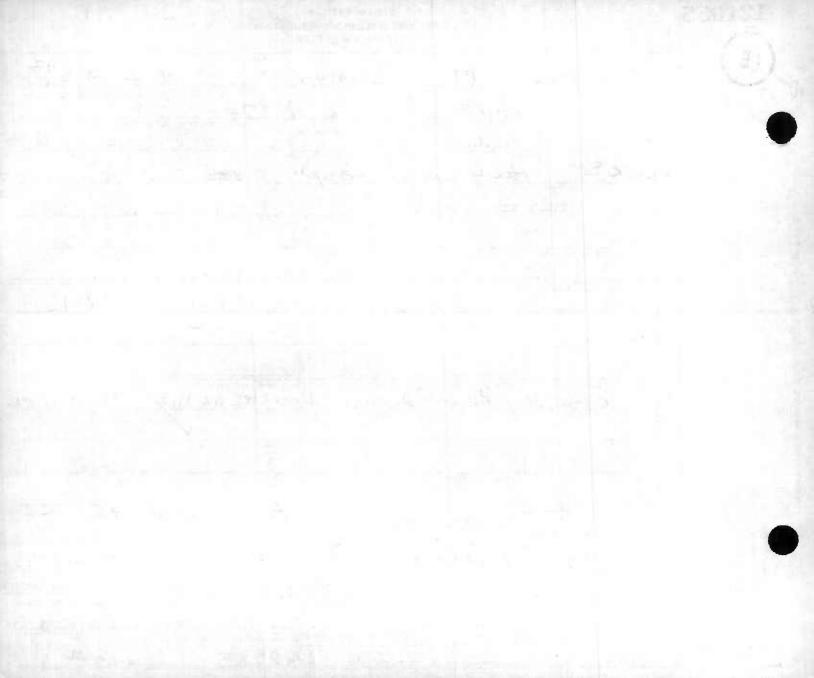
Elle Wibb Cot. Elegan Picon epela delmet Edit and the first transfer of the first transfer on the Salahara 2344-20-045 The England Pill Inches at the Pills control of manager Lin asset of the con-Te de la companya de 1 0 dec. or ., d. . . det o 1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 2g DATE OF DEATH 26 HOUR 1. DECEASED NAME Margaret Pendleton Louise April 6, 1985 8:10 PM 4. RACE S. DATE OF BIRTH 6 AGE LIN TEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH December 25,1913 Female Caucasian TO BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED Washington, D.C. United States "ontomen County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Departmen Retail Store ver Spring Ass't Buyer USUAL RESIDENCE (IF NURS NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 10808 Keswick Street YES [NO T 20896 Maryland Montgomery Garrett Park A FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE Carl Mabe1 Bodenstein Koons ADDRES 10808 Keswick St. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Husband) (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) George Ellis Pendleton Garrett Park. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY andio pulmonary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF aprice 100 Conditions, if any, which gave rise to immediate cause Ial, stating the DUE TO, OR AS A CONSEQUENCE OF Currenomy With Perstinent Sprend underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a. I certify that (1) (to haspital) attended the deceased from February saw the deceased alive an April 6, above, (I) (we (did) (XXXXI) view the bady after death and that in (mX) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL Haus purs PHYSICIAN TO DIRECTOR PHYSICIAN April 7, 1985 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 2101 Medicar PARK WIAM HAIM SILVER SPRING 23t NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1985 (SPECIFY) Burial April 10. Cedar Hill Cemetery Suitland Maryland Robert A. Pumphrey Funeral 250 DETERRED DE BY METTETRAR 256 REGISTRAR'S SIGNATURE COLL Homes, P.A. Bethesda, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

0 %

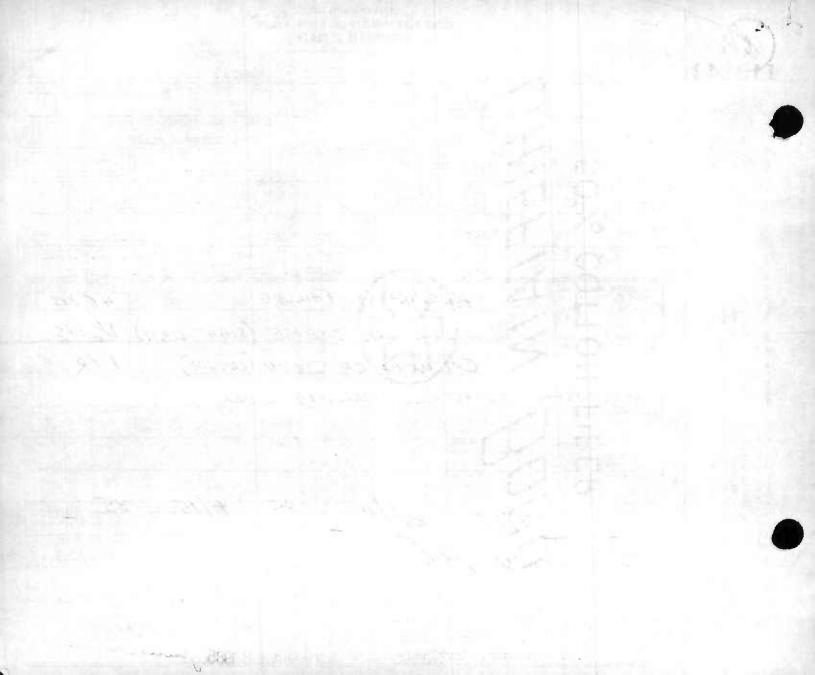


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									7		
H	1. DEC	CEASED NAME	FIRST	•	LAST	1		ATE OF DEATH MONTH DAY YEAR						
性	(TYPE	Gi	ovanı	ni	nmi	Pe	Petrella			15, 1		11:081		
	3.5EX			4 RACE			OF BIRTH	rear .	6 AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAT			
	100	ale		Cauca		May 1	7, 1902	FLAR	82	YF	RS.	5 HOURS MIN.		
1		RTHPLACE ISTATE OR I	OREIGN		WHAT COUNTR	MARRIE	D NEVER MARR	IED 🗆			NTY OF DEATH			
1		Italy	-/		States	WIDOWI	ED DIVORC	ED 🗌	Montgom			MD		
0		ty or town of deal	/		HOSPITAL, NUR CHEACHTY, GIVE STR AY Stree		OR OTHER INSTITUT	ION	120 USUAL OCC (TYPE OF WORK FOR Contrac	MOST OF WORKIN	NG LIFE) INDUSTR	truction		
4		al residence (if nurs state Lorado	EI P	OTHER INSTITUTION	GIVE RESIDENCE BEI	Tings	134 INSIDE CITY LI	MITS?	13e STREET ADD 4011 Te	RESS / ZIP C	ODE zip 8	2910		
1		THER'S NAME Pietro		MIDDLE	etrelľa		15 MOTHER'S MAI	iotta	AA I	DDLE	Petrel	last la		
00		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT			ADDRES Sp	ring, Md	. 20906		
2	no		(IF YES, GIV	E WAR OR DATES	043 03	2823	Madeline	M. M						
		18 CAUSE OF DEATH Enter only one couse per line for 10), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). RESPIRATORY FAILURE										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, gove rise to improve to improve to improve to improve to improve the course to t	mediate	(d)_	D AS A CONSE	ASTAT	OF CO		^		19) 1/3	YRS YR		
	NOI	WIDE 5			ONTRIBUTING T		NOT RELATED TO T	4.00	AINAL DISEASE OR CONDITION GIVEN IN PART 110					
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATIO			DN WAS PERFORMED	D	200 AUTOPSY			S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
1		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A	DE INJURY m. MONTH m.	DAY YEAR	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART : OR PART 2)		
	MEDICAL	21d INJURY OCCURI			OF INJURY FREET, FACTORY, OFFI	CE, FARM ETC }	211 LOCATION STREET		CII	YORTOWN	COUNTY	STATE		
		22a I certify that (1) saw the decease obove, (1) (we) (c	ed plive on	4/1	5 10		nd that in (my) (our)	apinion d	eoth occurred on	the dote and	hour and from t	that (It (we) last he couses stated		
		77k SIGNATURE	w dish	Colo	nefle	0			MEDICAL DIRECTOR (4/1	5/85		
		Richard	d P.	Delan				ilve	r Sprin	ig, Ma	et ryland	20906		
	230. B	SURIAL, CREMATION, SPECIFY) Irial/Trans	REMOVAL				emetery or crement of the management of the mana		23d LOCATIO Colora	do Spr	ings (Colorado		
		UNERAL DIRECTOR F			,	-			REC'D. BY REGIS	TRADICE DE	CICTO ADIC CICAL	ATLIBE		
					a. Maryl		,	APR	1 8 1985	June	mildson-N	andelow		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL



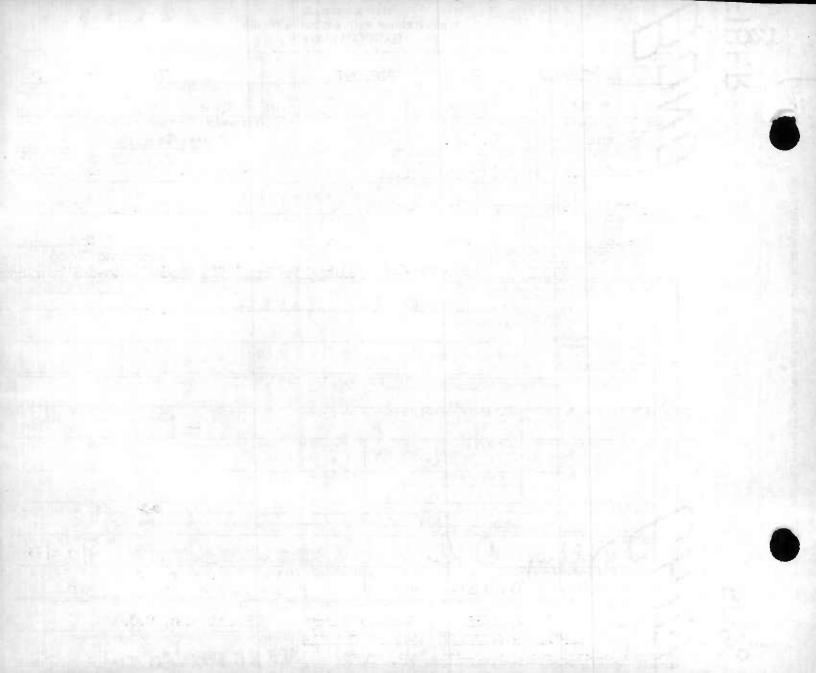
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN OF ESTI-PINCKNE EAN 19 SEX DATE LAST BIRTHDAY Female Caucasian DEAD Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 25 KIND OF BUSINESS OR INDUSTRY Homemaker 20715 13d. INSIDE CITY LIMITS? PRINCE GEORGE MORNINGSIDE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Albert Potter Graham Josephine 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDR 12317 Memmerton Ln 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 578-12-3976 Barbara R. Wright Bowie, Md. 20715 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). MULTIPLE HRS Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) TERIOSCLERITIC DISEASE 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER. THIS CEN.
ICATE, WRITING THE
E. FORWARDED TO THE CL.
TAR. PAGE 3 SHOULD BE USE.
TARE DEPARTMENT OF P.
PRICK TO BURIA PERITONETH LAUACE YES [NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY CONTRIBUTING CAUSE OF DEATH AT WORK NOT WHILE TO FUNERAL DIRECTOR: PAGE STREET 22a I certify that I taak charge of the remains described above, held an Autopsy Vatural causes Suicide Hamicide Undetermined manner DATE EXAMINER'S NAME AFTER I BALTHM ADDRESS 8200 Wis Wage 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE April 23 1985 Metropolitan Crematory Cremation Alexandria, Virginia 07/84 25M 24. FUNERAL DIRECTOR Annapolis Road **DHMH** - 17 (VR A15 ME (5)) Bowie, Maryland

	L 1447 - 10				
		63 1			
	225		.030	2/ac	W.
2070.5	Talinnone I			212	
rote: Tigg	_ (<u>) </u>	2.500		E.S.	
30-19, Nd. 2071	Adjaw . Ocolo	6-128-3576	R		C
W 4.0					
				-0	
	and the same		1		
	Table 1888				

ec aliquella com a

of Carama II

1	26005	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	दर्भ उन्
	9 71		ECEASED NAME FIRST ALBERT	MIDDLE H.	POLLAN	20 DATE OF DEATH MONTH D	2 85 3 D M
J.	se 4 moy	3. 58		1. RACE Cauc	S. DATE OF BIRTH MONTH DAY YEAR JUNE 13 1917		FUNDER LYEAR IF UNDER 24 HRS
0	deoth. Pos	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.		P BALTIMORE CITY OR COUNTY	
	by the tu			11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 12916 Goodhill	ING HOME OR OTHER INSTITUTION ET ADDRESS) Road	120 USUAL OCCUPATION LYPE OF WORK OF MOST OF WORKING LIFE Sales Rep.	12b. KIND OF BUSINES CORP INDUSTRY Sealy Mattress
ARYLANDZIZ	d within 24 hour pletely filled in and 2 should be f cominer must be	13a. M		TY 13c CITY OR TO	Spring YES X NO 13 MOTHER'S MAIDEN NA FIRST	13e STREET ADDRESS / ZIP CODE 12916 Goodhill Ro	LAST
MORE, M	n ond com		USAAC WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (YES WWIT	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS Mary an:12916 Goodhill	Baer Land 20906
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death signed by the attend then please remove co aburial, cremation, o jury, at other traumat	Z	Canditions, if any, which gove rise to immediate cause Ia), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) ONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVE	N IN PART To
IL RECORD	The law required. Ite has been asit permit. The giene prior the shows any in the shows and the shows any in the shows and the shows and the shows and the shows and the shows any in the shows and the shows any in the shows and the s	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH? NO
OF VITA	ICIAN: TI g physicic entificate rial-transit intol Hygi- tem 18 sh	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RITORPART?)
NOISION	offendin offer this c os the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	R ATTENDIR hospital or IRECTOR: Al hed for use ept. of Heoli tem 21 is mo		220.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (fill (did no		, and that in (my) (over) opinion	death occurred an the date and hour	
	이 후 다 하다 프		226. SIGNATURE	1 Drolin		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4 2 2 35
	TO HOSPITAL etoined by it TO FUNERAL should be de with the Stot	1	JEFFREY	DROB13	MD KEN	SINGTON Md.	E 20885
,	BP	C	BURIAL, CREMATION, REMOVAL SPECIFY Temation	4/23/85	Lee Crematory	Washington, D.C	
DH	IMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR DANZAN	ADDRESS	MA 20852	TE REC'D, BY REGISTRAR 25b. REGISTR	



28.022	1.	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HY	GIENE REG. N	10	
oy be oge 3 deoth	{TYP	CEASED NAME FIRST BESS		F	oms	2a DATE OF DEATH	4 30 196	35 910 PM
ge 4 mo ector. po	3 SE	Female	₩hite	S DATE O		6. AGE (IN YEARS LAST BI	PRINCE I YES MONTHS DA	
nerol dir n 72 hou	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MARRIED D	9 BALTIMORE CITY	OR COUNTY OF DEATH	ounty me
s ofter d by the fu iled withi	10 C	Ver Soring	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPAT {TYPE OF WORK FOR MOST Business (
74 hour	13a	AL RESIDENCE IN NURSING PORE OF STATE May 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE NTY 134 CITY O	R TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
V50	14. E/	Isaac	MIDDLE Satt	ler	15. MOTHER'S MAIDEN NA Ida FIRST			blatt
(B)	_(VE WAR OR DATES!	34-3440	17 INFORMANT Gertrude App	le;1306 Dow		nd 20904 1ver Spri
physicans or angle of the control of		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS) IMMEDIA	nly ane cause per line for (a), ED BY:	(b), and (c).	nost			ROXIMATE INTERVAL EEN ONSET AND DEATH
quires that the death signed by the others canove co. The please remove co. To buried, eventually, or other traumot inury, or other traumot	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CON (b) Concer DUE TO, OR AS A CON (c) ONEW CONDITIONS CONTRIBUTING	lure Indition GIVEN IN PART	hox 72h			
ne law renon. hos been permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?
rSICIAN: Thing physicio certificate horid-transit antol-transit Aentol Hygie	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE UF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR		JRY IN ITEM 18 PART I ORPART	2)
offending offer this of the bull hond M	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC }	STREET	CITY OR TO	YINUO) NWC	STATE
HOSPITAL OR ATTENDING of by the hospital or FUNERAL DIRECTOR. A suid be detached for use the Store Dept. of Health Store Dept. of Health ORTANT. If hem 21 is more		270.1 certify that (II) this hosp sow the deceased alive or above. (Introduction 1974 in 1974	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 o	nd that in (my) our) opinion DECREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the comments of the death occurred on the death occurred o	late and haur and from	the causes stated AJE SIGNED 30 9-5
TO HOSPIT retained by TO FUNER should be with the Strum MAPORTAN	730	Adolph T	riedman	T22, NAME OF	5454 WA	123d LOCATION	ne, Chang C	have, My
BP	E	Burial	5/2/85	D.C.Lods	ge Cemetery	Washing	ton. D.C.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR DANZAL NAME DANZAL		MEMORIA	CHAPELS 250 DA	TE REC'D. BY REGISTRAI 0 3 19851	25b. REGISTRAR'S SIGN	NATURE

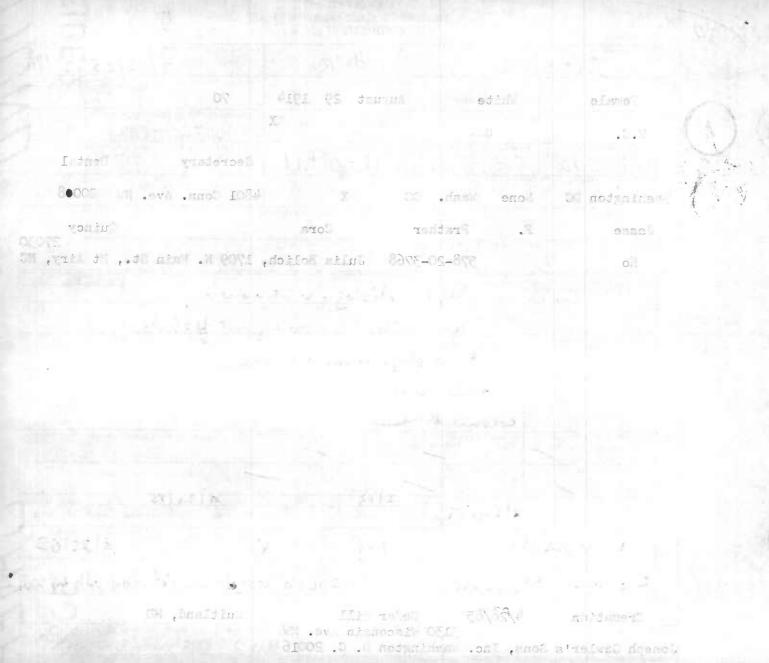
Totalid _ _ testing that I will be to be to

Rockville, Maryland

(VR A 15 (4))

Latin Vill man our explication polarises.

No. of the last



THE REPORT SHOPE STATE OF MALE - and woman his of duce Ald Many-pay Char Karick V WIS IT IL XIV. Hickoryton 16. A STATE OF THE STA Market State of the State of th the state of the s Amount of the contract of the state of the s The following the sent the sen

09064	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF HE	ALTH AND MENTAL CATE OF DEATH		REG. NO		4 7	
de o de		OR PRINT)		ahn P	Re T	2 Foll	LAR	APR (IN YEARS INST BIRTH	AONTH DA	5 85	26 HOUR 0555 M
Vi c	7	Ee MA/A	m	HITE	Aug	. 9, 1898		86	YRS	ONTHS UAYS	HOURS MIN.
4		RTHPLACE (STATE OR FORE) COUNTRY) AShington, D		WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED		timore city <u>or</u> Montgomes	_	OF DEATH	MD.
normed of the control	10. C	TY OR TOWN OF DEATH Rockville	11. NAME OF I	HOSPITAL, NURSING HEACHLITY, GIVE STREET, Shady	G HOME O	e Advent	N IZe US	SUAL OCCUPATION OF WORK FOR MOST OF OMEMAKER	N WORKING LIFE	INDUSTRY	F BUSINESS OR Home
35	13a_5	MD N	ome or other institution. COUNTY Contgomery	130. CITY OR TOW Rockvil	N	13d. INSIDE CITY LIMI YES 🔀 NO 🗌]]	REET ADDRESS / 3708 Fli	zip code nt Roc	ck Road	1/20853
100	14 F/	THER'S NAME FIRST Eugene	WIDDLE	Kahr	1	15. MOTHER'S MAIDE Berth		WIDDLE		LAS	Kahn
papers. Pages noval. ent, the medical		VAS DECEASED EVER IN (YES, NO OR UNKNOWN) (H	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	579-14-		17 INFORMANT Leon Pret	zfelde:	ADDRES		s as #.	13.
Then please remave carb r to burial, cremotion, ar injury, or ather traumotic	NOI	Conditions, if ony, wh gove rise to immedicate (a), stating underlying cause I	ote the ost. DUETO, O	R AS A CONSEQUE	ENCE OF	OSJ S	E TERMINAL D	ISEASE OR COND	ITION GIVE	N IN PART II	lema
Hygiene prior 18 skows ony ii	CERTIFICATION	19a DATE OF OPERATION			OPERATION	WAS PERFORMED	YES		IN CERTIFY YES		
the burial-t ond Mental	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (# EITHER, NOTHY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	E OF DEATH HOUR A. XAMINER) P. 21e. PLACE	M. MONTH DA	19	21c. HOW INJURY OF	CCURRED (EN	CITY OR TOW		SOUNTY	STATE
ched for us		22a.1 certify that (I) (the new the deceased on the (I) (we) (did)		14/190	1 4/		ING (/ MED		F	ond from the	that (I) we last couses stated
should be deto with the Stote		Those	TYPE OR PRINT)	20 6	116	ROBINV	WEID	Bet	hes.	DA 8	XRIT
- ~ > =	230	BURIAL, CREMATION, REA Burial	AOVAL 236. DATE 4/7/			. Cong . Mem		location City of town Washin	gton,	D.C.	STATE
- 16 50M 4/83 /RA 15, 4)	24 F	UNERAL DIRECTOR JO	seph Gawler	r's Sons,	Inc.		PR 1.2	D. BY REGISTRAR 2	Sh. REGISTR	RAR'S SIGNA	Onda Ma

The same of the sa and not be recommended to the contract of the Edit of the state .61 me scorche acot, tehiclater mont Mich. I... -- on The same of the sa AND Send Ben Jone Form and Carby nation 1 12 and and 1 1 1 1 1 . come and processes the comments Pala De de la compania de la la la la la compania de compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del compania de

· · · · Li A. A. C. A.

UN. SER FALLS "CHURCH

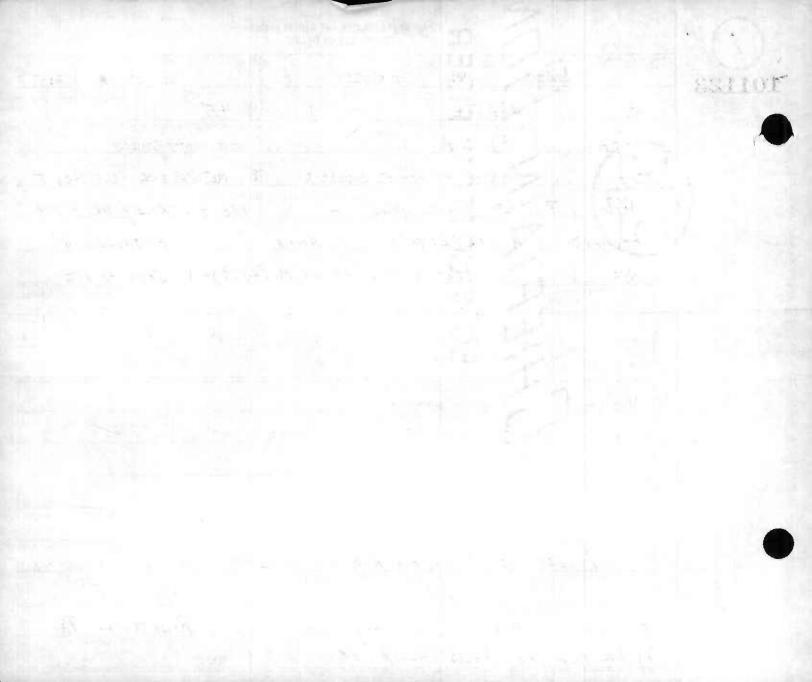
- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

STATE

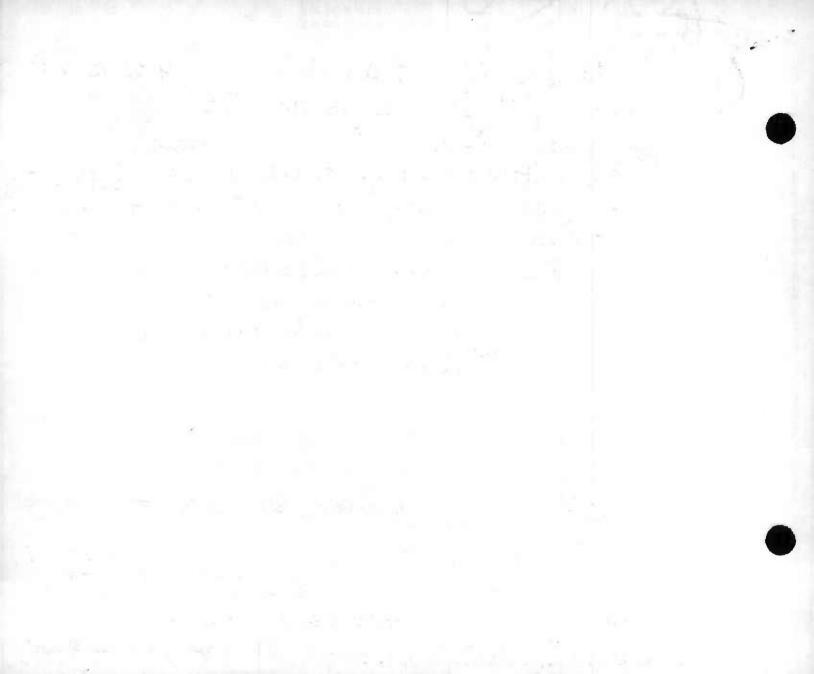


107019	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH) 5 2
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST EOR PRINT POBERT	HUGO	PURL	REG. NO. 20 DATE OF DEATH MONTH 4-6-95	DAY YEAR 26 HOUR
Tredo: po	3. SE	MALE	1. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR SILLY 10, 1911	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) JEXAS ITY OR TOWN OF DEATH	The CITIZEN OF WHAT COUNTRY U. S. A. 11. NAME OF HOSPITAL NURS	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION		MD.
(A)		ETHES DA AL RESIDENCE (IF NURSING HOME OR C			(TYPE OF WORK FOR MOST OF WORKING	DEPART, OE JUST
inscuted within 24, and completely like times 1 and 2 should discut the state of th	1	ARYLAND 136 COUNTY	TY BETHE	YES NO 13. MOTHER'S MAIDEN	4701 RIVE	2 Mago
com	160	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SEC WAR OR DATES) 458-64	CURITY NO. 17 INFORMANT WIFE, FA	ENEBROOKS PURL	SAME AS#13
ophysica andopera event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	RY.	andrew andrew and	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Moneole's Co
uires that the death or lighted by the attending the planes remove cost for planes remove cost or bursal, cemarkin, or ory, or other traumatin.	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF	TERMINAL DISEASE OR CONDITION G	il gro,
he fow red on. hos been t permit. The	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO NO
ECIAN. 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER MATURE OF INJURY IN ITEM TE	PART OR PART ?}
NG PHYSICIA attending p the this cent as the burners th and Manta	MEDICAL	21d INJURY OCCURRED WHILE ON TWHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI Sparks o ECTOR: A d for use 1 of Med m 21 is m		22a I certify that (1) (this hospite saw the deceased alive on abave, (1) (we) (did) (did nat	4-1	and that in (my) (aur) api	nion death occurred on the date and ha	
by the by the BERAL DIR		276. SIGNAFURE 276. PHYSICIAN'S NAME (TYPE OR	O. Ou	DEGREE ATTENDIN PHYSICIA 172 ADDRESS	IG MEDICAL STAFF N DIRECTOR PHYSICIAN	176. DATE SIGNED 4-6-85
HOSPITAL Connect by the Found by the Found by the Stote Whold be defined by the Stote WOORTANT:	23=	EDWIN BURIAL CREMATION, REMOVAL	P. PARKE		RST NW - H	IASH De
вР		BURIAL DIRECTOR	ADQ-10,1985	WANTICO NATL. C	DATE RECE BY REGISTRAN 254 RECE	STRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)		pmes 899/	Y WASH	D.C. API	1 1 1985 Ac. A	wide Market

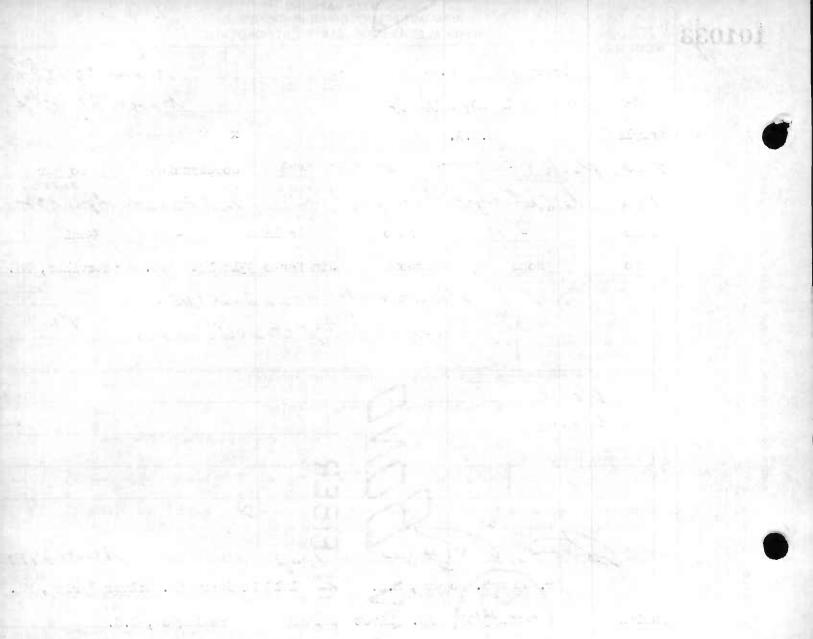
CONTRA TELAS HES.A. The Montency Benjacon 4701 Rivez Rood Lawyer Demonstration MERYLAND PILLATE BEHAREDA Y 4701 RIVER ROMD EDEGIE E. PERL TOWN YES INVESTED 453-04-4311 WIFE PRODUCES THE SAME ASERS Busine the Kills Sunthe Hitz Cent Gunning UA

. I., attack. The second of th The first to the second The lost Man armore biliyer digitar at 120 -holfer cout 2003 1 estable in this court - Thomas Tar-U.A.T. Sin to the Bull bring bell on Ann Man Market Lin Control of the Contro

STATE OF MARYLAND



11	1-	FOR STATE			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENT		120	5 3
101033		REGISTRAR		MI		IER'S CERTIFICAT	E OF DEAT	H REG. NO.	
1		CEASED NAME	5,657		31/2018	LAST	20.	OF ESTI-	MONTH DAY
改善は名目			Larr	У	M.	Ranko		DEATH MATED	1ch 3019 FT 5
通りまり開	3. 583	4	RACE	S. DANS OF BURD	66 6. AST		NDER 24 HRS. 20	DATE "	MONTH DAT YEAR
7.55 E.S.	1	M	w	July 10	1935 54	L. MONTHS DATS HOU		DEAD MANC	L 3010 ST
332127		HTHPLACE TOTAL	A CIR	Th. CITIZEN OF T	HAT COUNTRY?	MARRIED NEVER A	AARRIED 7	BALTIMORE CITY OR	COUNTY OF DEATH
SESSES		aryland		U.S.	Α.		VORCED X	Montgomery	115
25.00	18. CI	TY OR TOWN O	FDEATH	11 NAME OF HO	SPITAL, NURSING HOM	E, OR OTHER INSTITUTION		LOCCUPATION (TYPE OF	WORK 12b KIND OF BUSH OR INDUSTRY
/35 E //	7	IK	120/10	Washir	facility, give street abbress) agton Advent	ist Hospital		persmith	Copper
はいる	05U	L RESIDENCE I	HTTHE SING MOME	OR OTHER INSTITUTION,		ION)			20783
発売がら	Dit. S	1 1	31 COUN	Campa	13E CHORTOWN	13d INSIDE CITY LIM	- 10	3 For Cal	And 18
	11.7	YHER'S NAME	AVINE	co-co-je	or acy	15 MOTHER'S A		PORUT	
E E-189	0	Pete		MIDDLE	Ranko	FIRST	line	MIDDLE	Mehi
8 25 1		VAS DECEASED	EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECURIT			ADDRESS	FIGHT
BALTIAN S.S. AFTER GIVE P. TITH FOR THE FOR	FIY	ES, NO, OR UNKNOW	(IF YES, GIVE	E WAR OR DATES)	4417		1 0276	7 Odele Arma Ti	Tong dada mand 7.7.
	-	No		lone	Unknown	Jim Ran	ko 9316	19th Ave. H	Ivattsville,
F.D.			DEATH (Enter of TH WAS CAUSE		ne far (a) (b), and (c).)	MI	11	1 12 3	BETWEEN ONSET A
STON ST., 10 24 HOUR 11 TEM 18. ALONG W TI PERMIT. YGIENE, E.			IMMEDIA	ATE CAUSE (o)	/ouroe	July och	Nd 1	11/150	
01 W. PRESTON TED WITHIN 24 IN PENCIL IN ITER XAMINER ALCH AL-TRANSIT PER MENTAL HYGIE N, OH PEMOVA		6 11	·		R AS A CONSEQUENCE	OF AAA		- 1 n i	1/2
MITHIN NCIL IN			, if any, which to immediate		Lavon	0000	CIVA	12/1/16	1
DI W. PRE TED WITH A PENCIL KAMINER AL-TRANS MENTAL N, OR PEN		couse (a) s lying couse	tating the under	DUE TO, O	R AS A CONSEQUENCE	OF C			
S, 201 V		lying coose	7 1031.	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. REDED TO THE CHIEF MEDICAL EXAMINER ALONG WE SE SHOULD BE USED AS BURIAL. TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURNAL, CREMATION, OIL PEMOVAL.		PART 2 OTHER SIGN	HEICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a)		
RECORDS, D BE EXECTENDING, AND	Z	1	1/erre						
A A A A A A A A A A A A A A A A A A A	CERTIFICATION	190 DATE OF	OPERATION	19h CONE	DITION FOR WHICH OPE	RATION WAS PERFORMED	?		20 AUTOPSY?
R: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PE RWARDED TO THE CHIEF A R: PAGE 3 SHOULD BE USED. E STATE DEPARTMENT OF HE D, 21201 IRRIOR TO BUTNAL.	FF	1	dure	,					YES 🗆
OF VI	ER	210 EXTERNAL	CAUSE WAS	216. TIME C			URRED (ENTER NA	URE OF INJURY IN ITEM 18 PAR	
S A HE DE WAR	A P	UNDERLYING	OR G CAUSE OF		M. MONTH DAY YEA M. 19	R			
SIO TO TO TO THE SIO	MEDICAL	21d INJURY O			OF INJURY (ATHOME,	211 LOCATION			
S CE S CE S CE S CE S CE S CE S CE O I P	ME	WHILE D	NOT WHILE	STREET, FA	ACTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY
THIS PAG PAG 212		AT WORK	AT WORK				50		
SH SATE		220 certify	that I took char	rge of the remains d	escribed abave, held an	Autopsy . Inst	pection De	Inquiry L, and i	n my apinion
HAT CAN		death resulted	d from: Noti	urol causes	Accident , Si	vicide , Hamicide	Undeter	mined manner,	
WIT WIT		/	1	>0 1		TITLE (SPECI	FY)		
A PACHE		SIGNATURE	20	360	Warr	M.D. /700	2MEDIC	ALEXAMINER	DAM ENOLZ
NOR SEA	1	1			0	.00			
SE S		EXAMPLE TO PRIN	Dr.	John S.	Rogers, M.D	ADDRESS_19	19 Semin	ary Rd. Sil	ver Spring.
DIVISION OF V. TO MEDICAL EXAMINER: THIS CERTIFICATE S EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BACKIMORE, MARYLAND, 21201 FRIOR TO BK	23a.B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOC	ATION	COUNTY STAT
BP		urial		April/3/8	B5 Mt. Oli	vet Cemeterv		shington. D	_
		UNERAL DIRECT	OR					EGISTRAR 256 REGIST	
DHMH 17 (VR A15 ME (5))	C	hambers	Funeral	Home Ri	iverdale. Ma	muland	APR	2 4000	Francis Candal
20M 4/B2	-	Tempero	T WITCI GT	- Home N.	racidate Ma	TATOLIN I		O IVAN	Control of the Spreadon



109145	FOR STATE REGISTRAR			DEPARTM	ENT OF HEALTH A	ND MENTAL	HYGIENE	REG. NO.	2 0	3 O	
	I DECEASED NAME	FRST	AATE	DDLE	LAST		2a. DATE	OF DEATH MO	ONTH DAY	YEAR	26 HOUR
3 24	Trint Garage	Teres	o C		Kath)		Aori	112	1985	635 Am
[(L)]	3. SEX		4 RACE		5. DATE OF BIRTH	in Mean		N YEARS LAST BIRTHD	(AY) IF UI	NDER I YEAR	IF UNDER 24 HRS
1 (130)	Fema	le	WHI	TE	5 a	8 45		80	YRS	MS DAYS	HOURS MIN.
2 20 0	74 BRTHPLACE (574	DE OKTOREGH	76 CITIZEN OF WI	HAT COUNTRY?	MARRIED NE	VER MARRIED	9 BALTIN	ORE CITY OR	COUNTY OF	DEATH	
1 100	MISSON	IRI	4.5	A.	WIDOWED X	DIVORCED	_	raomeru	1 Cou	nty	MD.
1 21 20	TE CITY OR TOWN O	F DEATH		SPITAL, NURSING	HOME OR OTHER	INSTITUTION		ORK FOR MOST OF W			BUSINESSOR
13/0/0	Silver So	ring	Holy (Cross	tospita	1		MEMAK		Ho	ME
2 22 2/2	DSUAL RESIDENCE TO	THE COUN	OTHER INSTITUTION GI	VE RESIDENCE BEFORE		DE CITY LIMITS	? 13e, STREE	T ADDRESS			
2 13 42	MARYLAND	MONTO	SOMERY :	SWER SPE	NG YES	NO 🗆	13110	HOLDA	RIDGE	RD. /	20906
1 16 /	14. FATHER'S NAME		MIDDLE	LAST	15. MOT	HER'S MAIDEN	NAME	MIDDLE		LAST	
3 13/800	JOHN		-	WRIGHT	-	DELI	A			KNOW	11)
dicol dicol	160 WAS DECEASED		MED FORCES? IN	SOCIAL SECUR	ITY NO. 17 INFO	RMANT		ADDRESS			
* 00 e/	NO			553-80-	9318 DEI	YETRI F	ARIS (SON) SI	AME A	5 #13	,
risote be executed within 24 hours the sician and completely filled in to paper. Flages I and 3 should be fill and, the medical examine and the heart, the medical examines on Mittel N	18 CAUSE OF	DEATH (Enter on	nly one cause per lir	ne for 101, 191, and	(C1.)	. 1	-			APPROXIM BETWEEN ON	ATE INTERVAL NSET AND DEATH
the state of	PART I. DEA	TH WAS CAUSE	TE CAUSE (a)	ardia	ca	ser		10		5 M.	m
the control of the co			DUE TO, OR	AS A CONSEQUE	NCE OF A	1	/	1			
death orther from dum	Conditions, if		(b) a	1 lesu	DECKE!	0/10	nea	an			
thot the by the cose that respectively.	gove rise to couse (a), underlying	stating the	DUE TO, OR A	AS A CONSEQUE	NCE OF		de	sea.	29		
ING PHYSICIAN. The law requires that the death central controlling physicion. After the certificate has been signed by the admining to so the become replace to so the become replace that and Mantal Trigiene prior to burial, are manion and orked as them 18 signeys any injury, or other traumorite.		SIGNIFICANT	CONDITIONS CON	ITRIBUTING TO D	ATH BUT NOT REL	ATED TO THE T	ERMINAL DISE	ASE OR CONDIT	TION GIVEN I	N PART/10	
on. hos been to permit. I permit. I ene prior	19a DATE OF O	PERATION	196. CONDITIO	ON FOR WHICH (PERATION WAS P	ERFORMED	20a AU		N CERTIFYING	G CAUSES C	
N. T nysica nysica H. gi	21a. ACCIDENT W	AS UNDERLYING	110110 111		21c. HO	W INJURY OC	CURRED (ENTER	NATURE OF INJURY I	NITEM 18 PART 1	OR PART 2)	
SICIAI og ph	OR CONTRIBUTING	CAUSE OF DEA		MONTH DA	YEAR						
PHYSICI ending th cert is breat	(IF EITHER NOTIF		21e PLACE OF		21f. LO	ATION		CITY OR TOWN		COUNTY	STATE
DING PH or atten After II se as th alth and morked to	ANHIE N	AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, FA	RM, ETC)	PIMEEL		CITTORTOWN		COOMI	STATE
3 2 2 0 0			tal) attended the	deceased from	F13	19.2		17 AG	P// 19	81 . 11	not (I) (we) Tost
TTEN ortol for us of He	sow the de	eceosed alive on	it view the body of	198	ond that in	(my) Joor) opin	nion death accur	red on the date	and hour and	d from the co	ouses stated
OR ATTEN b IRECTOR ched for u Dept. of Hem	27h SIGNATUS	The late no	7	rer death.	DEGREE					22c. DATE S	IGNED
0 8 0 9 0 =	1//21	41	190	MMM		ATTENDIN			NΠ	13 ah	sel 1983
F 6 # 15 5	22d. PHYSICIAN	'S NAME (TYPE O	negati)	-011	22e AD			- 4		7	11/100
0 4 5 4 6 7	WACTE	EX E	1- 60	DOUT ,	411 230	19 5HO	PEFIE	UD RV	WHE	EATO.	WHY
she she	23a. BURIAL, CREMAT	ION, REMOVAL	236 DATE	23c N.	AME OF CEMETERY	OR CREMATO	RY 23d LO	CATION	//		
BP	(SPECIFY) CREMA	mad	APRIL 13		MMBERS		C	ERDALE		CO. A	JARY LAN
DHMH - 16 50M 4/B2	24. FUNERAL DIRECTO	OR	11111010 13	1	· · · · · · · · · · · · · · · · · · ·			REGISTRAR 25	REGISTRAR	'S SIGNATU	RE ·
				ADDRESS			1 20 1		. w xwich to		E 0.00

25 100 All The Art of the Control of the Co designated particular in American September 2012 of the state of the contract
102123

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR							R	EG. NO.			
	CEASED NAME	FIRST		MIDDLE	-	LAST		20. DATE OF DEA	HINOM HTA	DAY	YEAR	26 HOUR
(ITP)	E OR PRINT)	Frede	rick	E.		Reeve		1	04	05	85	12:10A
3. SE	X	4	. RACE		5. DATE O		-	6 AGE (IN YEARS)	LAST BIRTHDAY)		DER TYEAR	
	Male	1	Whi	te	Apr	11 19	1919	65	YR	MONTH	5 DAYS	HOURS MIN.
	RTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED .	9. BALTIMORE O		NTY OF D	EATH	M
1	ity or town of de		Montgo	HOSPITAL, NURSING FACILITY, GIVE STREET MERY Gene	ral F			120 USUAL OCC (TYPE OF WORK FOR Adm. Of f	UPATION	IG LIFE) IN	larry DUSTRY Diamo	ond Lab.
130. 5	AL RESIDENCE (IF NO STATE STATE	136 COUNT Montgo	Y	130. CITY OR TOW Ashton		13d INSIDE	CITY LIMITS?	17725 APDI	ress / zip co ee1awn	Dri	ve	20861
14 FA	ATHER'S NAME FIRST John	AA	IDDLE	Ree ve	2		's maiden na le ^{first} en		DDLE		Uhĩ	known
	WAS DECEASED EVE YES, NO OR UNKNOWN) YES		ED FORCES?	166 SOCIAL SECU 80-12-566		17 INFORM Marie		wife-(sam	address ne as 1	3e)		
	18 CAUSE OF DEA			r line for (a), (b), on		410		0			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PARTI. DEATH		CAUSE (a)	Income	us ce	llear	aun	= lung	e		1	ger
			DUE TO O	R AS A CONSEQUE	NCFOF			0			0	
	Conditions, if an	v. which	(,6)	M AS A COTTOL GOL								
	gave rise ta in couse (0), stat underlying caus	nmediate ing the	DUE TO, O	r as a conseque	NCE OF							
	PART 2 OTHER SIC	GNIFICANT CO	ONDITIONS CO	ontributing to [DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN	PART 1	0
O	Severe	chome	desper	chur pel	care	dis	se, lo	2 pelurone	a reg	pu of	way a	merffice.
CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED .	YES TO NO				NOS VSED S OF DEATH?
CERT	21a. ACCIDENT WAS U		21b. TIME C	OF INJURY .M. MONTH DA	V VEAD	21c HOW II	NJURY OCCUR	RED (ENTER NATURE			R PART 2)	
MEDICAL	OR CONTRIBUTING			.M.	19							
9	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCAT						
W	WHILE NOT V	VHILE ORK	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREE		CIT	Y OR TOWN	C	OUNTY	STATE
	22a.1 certify that (saw the decea abave, (1) (wee)	sed alive an	27	pron 19	M 55.01	That in (my		death occurred on	the date and	19		that (II (we) las causes stated
	22b. SIGNATURE	28 8	Diel	no		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	2	20. DATE	ISIGNED ES
	22d. PHYSICIAN'S N		O. Hor	MD		22e ADDRE	55 2901	Olary -	Finder	Son	7	Red

236 DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buríal

4-8-1985

23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven

Silver Spring Montgomery Md.

24 FUNERAL DIRECTOR

11800 N.H. Ave., Hines/Rinaldi Funeral Home Sil. Spring, Md. 250. DATE REC'D. BY REGISTRAR APR 9 1985

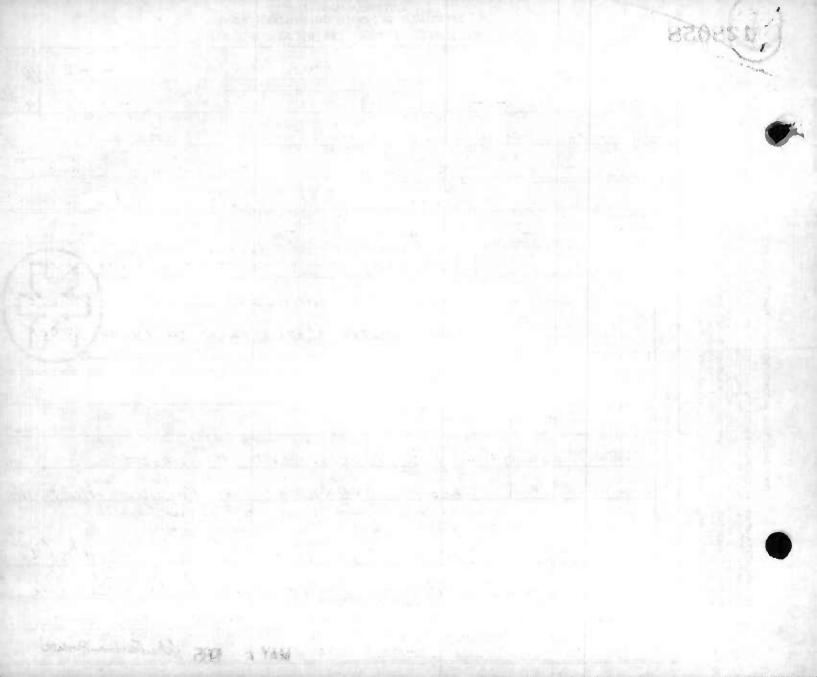
256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If hem 21 is marked

LOZIZOI S. CONSTRUCTION OF STATES The first first first first first of the second test of the first of t BOLD CONTRACTOR OF THE PARTY OF



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
	1. DECEASED NAME	Ida		oan		ninger	April 8	1985	10:47A _M
	3 SEX Fema	le	White		Jan.	DF BIRTH 3, 1923 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 62 YRS	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
1			U.S.A.	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN Montgomer		MD.
6						or other institution to the Hospital	TYPE OF YOUNGEWIFE		E BUSINESS OR
5	USUAL RESIDENCE (1) 130 STATE Maryland	13b COL	or other institution given ty is nearly	CITY OR TOW	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET ADDRESS / ZIP CC 504 McIntyre	Road	331
1	Charles	L. Sur	Henry	Earley		IS MOTHER'S MAIDEN NA	Blanche		vel®
	NO OR UNKNOW	EVER IN U.S. A	RMED FORCES?	578 38 7		Paul D. Renn	It. Airy, Mds 21 inger 13883 Fogg	y Bottom	Ct.
		TH WAS CAUS		ne for 101, 161, one	d (c).)	y sould	/ Carlese A	BETWEEN	IMATE INTERVAL ONSET AND DEATH
	1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 7a BIRTHPLACE (STATE ORFO COUEngland 10 CITY OR TOWN OF DEAT Rockville USUAL RESIDENCE (IF NURSIN 13a, STATE Maryland 14. FATHER'S NAME Charles 16a WAS DECEASED EVER IN NO 18. CAUSE OF DEATH PART I. DEATH WA JU Conditions, if ony, gove rise to imme couse (o), stoting underlying couse	immediate	(b)	AS A CONSEQUE	NCE OF	Bend Fac Centin Va		dal	
	o Due	Utes/	nellier	of My	rock	NOT RELATED TO THE TERM N WAS PERFORMED		EIVEN IN PART 1	usquee

HOUR A.M. P.M

21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

MONTH DAY YEAR

211 LOCATION

STATE

DEGREE

and that if (my

ATTENDING

22c DATE SIGNED 4/8/85

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Douglas Shumaker

615 W. Montgomery Ave. Rockville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 4/10/85

23c. Name of CEMETERY OF CREMATORY Arlington National

Arlington

Virginia

²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

QATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ACTUAL PROPERTY AND A SECTION OF THE PERSON and a distance the second of t the first transfer of the contract of the cont To War and Andrews

- / - /

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
	DECEASED NAME	FIRST	A	MIDDLE	l	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
L	YPE OR PRINT)	LOUISE		М.	RHO	DADS	APRIL 22	1985		5:15 a
3. 5	SEX	4. RAC	E		5. DATE C		6 AGE IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	FEMALE	CA	UCAS	IAN	SEPT	EMBER 18 1897	87	YRS	ONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OF	FOREIGN 76 CIT	IZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	KENTUCKY			STATES	WIDOWE	DIVORCED [MONTGO			MD.
1	ETHE SDA		NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A NAVAL HOS	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW)	OF WORKING LIFE		HOME
130	SUAL RESIDENCE IN NUR STATE ARYLAND	ISING HOME OR OTHER IN 13b COUNTY MONTGOME		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BETHESD	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4982 SENT	ZIP CODE	RIVE	20816
.14	FATHER'S NAME			1.00		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
	ARNOLI	DAS HANSF	ORD 1	MCCLURE		MIRIAM	TIP TOP		HATC	HER
160	WAS DECEASED EVER	IN U.S. ARMED FO		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
L	NO OR UNKNOWN)	THE TES ONE WAR O	K DATES;	543-52-	9581	HELEN R.KRIT		INTINEI	DRIVE	,APT 102
CERTIFICATION		which imediate ng the e lost DI	(b) JE TO, OF (c) FIONS <u>CC</u>		NCE OF	NOT RELATED TO THE TERMI	20b IF YES, IN CERTIFY	ION GIVEN IN PART 110 ON IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEAT YES TO NO TO THE PART 1100		
		CAUSE OF DEATH	b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJ.	_		
MEDICAL	21d. INJURY OCCUP	RRED 21	e. PLACE	OF INJURY EET FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO)wN	COUNTY	STATE
	22a. certify that (I saw the decea obove, (I) (we)) (this hospital) att sed alive on AP (did) (did not) view	RIL 2	22 19		CH_4	to APRII			that (It (we) lost couses stated
	Pach	u n	134				MEDICAL STA	CIAN	4/2	3/85
	J. P. AS	SHER, LT,	MC,	USNR		NATIONAL CAP				
	BURIAL, CREMATION	4	DATE 1/25/	85 WII		EMETERY OR CREMATORY TTE NATIONAL C				AH, OREGON
	FUNERAL DIRECTOR				H A		REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE
1	3818 N LOME	ARD ST.	PORT	LAND, OREG	ON 97	7217 AP	R 25 1005	A Second	and .	70.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



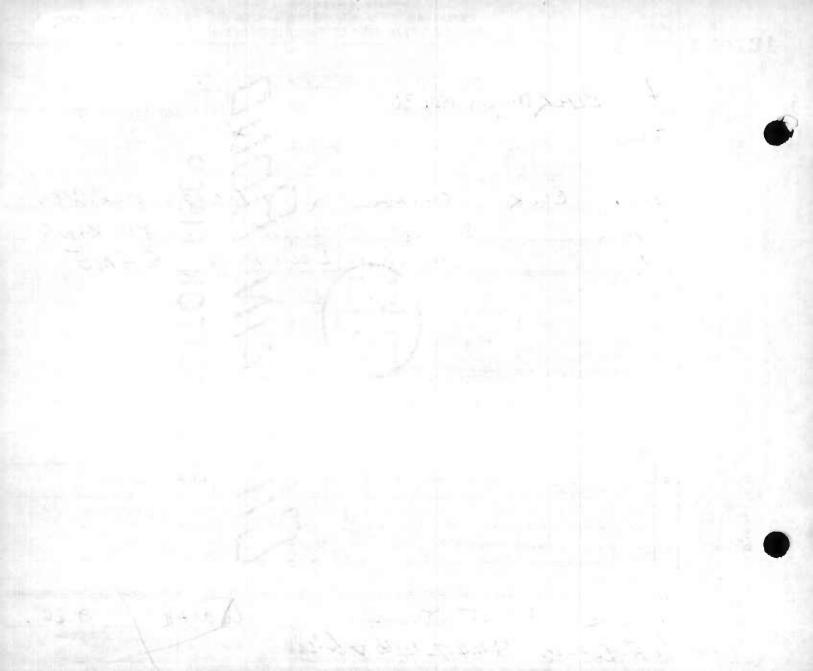
1-	FOR STATE REGISTRAR			STAT DEPARTMENT OF H DICAL EXAMIN		MENTALHYG	The same of	2 U	6 1	
1. DE	CEASED NAMI	E FIRST	E	louise	Richar	dson	20 DATE KNOWN OF ESTI- DEATH MATED	A H WONIH	2 19 85	26 HO
	emale	White	Sept. 14	1899 85 YR	THE STATE OF THE S	R. IF UNDER 24 I	PRONOUNCED DEAD	MONTH	3 88	2d. HC
N	RTHPLACE (5) REIGN COUNTRY) EW Jers	sey	U.S.A.		WIDOWED 💆	NEVER MARRIED DIVORCED	Montgon	ery Co	unty	
Ga	ithersh	ourg	19443 Br	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) ASSIE Place	#103		USUAL OCCUPATION (FOR MOST OF WORKING LIFE) Housewife	TYPE OF WORK	OR INDUST Home	JSINESS RY
13a S	aryland	Mont	or other institution, Given the state of the	Gaithersbu	rg 134 INSI	DE CITY LIMITS?	street address 9443 Brassie	Place	#103 20	879
	John		WIDDLE	Boehm	291	THER'S MAIDENN Henriette.	WIDDLE		Stevens	
16a. V	VAS DECEASE ES NO. OR UNKNO NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	578-01-000		lliam M.	Richardson	4108 Q Oln	ueen Ma ey, Md.	ıry I
NOI	cause (a lying cau		DUE TO, OR	AS A CONSEQUENCE C		ITION GIVEN IN PART 1	0)			
CERTIFICATION	19s. DATE OF			198, CONDITION FOR WHICH OPERATION WAS PERFORMED?					20 AUTOPSY YES [? NO ()
	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF	DEATH P.M	MONTH DAY YEAR			ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
MEDICAL	WHILE AT WORK	NOT WHILE C	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	cou	INTY	STA
	22a. I certi		ge of the remains desiral causes	cribed above, held an Accident , Sui		Inspection Demicide Comicide C	Inquiry ,	and in my ap	H-5	-88
Je	EXAMINER'S (TYPE OR PRI	NAME C	John	Tauber	ADDRES	3	MEDICAL EXAMINER	SIGNE	mo .	
23a.B		irial 4	736. DATE 1/6/85	Gate of I	AETERY OR CREM Heaven		3d LOCATION Silver Spring	-	land	TATE
24. F	UNERAL DIRECT	tor Tysor kville Pik	Wheeler ke Rockvill	Funeral Home, Maryland	ne, Inc. l 20852	APR 1	D. BY REGISTRAR 256. RI	GISTRAR'S S	- 100	10. 7

. . . eriol lattering the state of th AND SECURE OF THE SECURE OF TH All that the second

TOUGHT A THE SEED OF THE SEED A VEHICLE OF THE SEED OF

and the second of the second o

	1	FOR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL H	VICIENE 1 2	0 8 2
4.000	1-	STATE REGISTRAR		AMINER'S CERTIFICATE O	715	0
127024		CEASED NAME FIRST DOTOTHY	MIDDLE	Robinson	20 DATE KNOWN X OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOUR
ARY, PLEAS L DIRECTOR YOUR FILES N72 HOUR TON STREET	3. SE.	4. Black O	DATE OF BIRTH ONTH DAY VEAR CITIZEN OF WHAT COUNTRY	AGE (IN YEARS IF UNDER 1 YR. IF UNDER 1 AST BIRTHDAY) MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	4/ 3/ 19 85 N MONTH DAY YEAR 21 HOUR 5:30 4/ 3/ 19 85 P M
WHERE A	FC	DREIGN COUNTRY)		* MARRIED NEVER MARRIE WIDOWED DIVORCE	D 📙	
100 X	G	/	(16 NOT IN SUCH FACILITY, GIVE STREET 13327 Nearwind	er Place	FOR MOST OF WORKING LIFE)	OR INDUSTRY
AND STANDS	130 5	TATE COOL	13c. CITY OR	TOWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	and out.
MAN AND AND AND AND AND AND AND AND AND A	1	RANK	MOOR LAST	5. MOTHER'S MAIDEN	MIDDLE	PERKING
S AFTER DE GIVE PAG GIVE PAG GIVE PAG MYSION O		NAS DECEASED EVER IN U.S. ARMED ES, NO. OR UNKNOWN) (1F YES, GIVE WAR O		SECURITY NO. 17 INFORMANT Vailable LILLIE!	MOORE S	AME
N ST., HOUR EM 18. SRMIT. ENE, D		18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY: IMMEDIATE CA	AUSE (o) Car	bon Monoxide Intoxi	cation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTO WITHIN 24 WITHIN 24 WINGE AIN IT MINGE AIN IT M		Conditions, if ony, which gave rise to immediate cause (a) stating the under-	(b)			
DS, 201 W. PRE XECUTED WITHI 4G" IN PENCIL I AAL EXAMINER BURIAL - TRANS AND MENTAL I ATION, OR REA		lying cause last.	DUE TO, OR AS A CONSEC			4
L RECORDS, 201 JUD BE EXECUTE "PENDING" IN F MEDICAL EXA ED AS A BURIAL HEALTH AND M MILL CREMATION	NOL			TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	T I va :	
N OF VITAL R ICATE SHOULT THE WORD "P OUTD BE USED R R TO BURBAR R TO BURBAR R TO BURBAR	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES NOXX
SION OF VITAL RECORD RIFICATE SHOULD BE EX NG THE WORD "PENDINN SHOULD BE USED AS A B SHOULD BE USED AS A B RIPARMENT OF HEALTH A RIPAR OR TO BURAL CREMY	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEAT		/ 19 85 subject inhale	ed exhause fum	
#3444C	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)	STREET 13327 Nearwing	der Place,Germ	antown, Montg., Md.
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify that I took charge of death resulted from: Notural co		held on Autopsy , Inspection, Suicide , Hamicide	X Inquiry □, or Undetermined manner □.	nd in my apinian
NI EXAMINE CERTAL MILE CERTAL		ACTUAL SIGNATURE	the same	TITLE (SPECIFY)	L MEDICAL EXAMINER	DATE SIGNED 4/4/85
MEDIC ECUTE THE GE 4 SH FUNER LTMORE		EVANAINIED/C NIANAE	ory R. Kauffma		lll Penn St.	
ON PACIFICATION OF THE PAC	23a B	URIAL, CREMATION, REMOVAL 23b. D	9-85 23c HAM	AE OF CEMEJERY OR CREMATORY	23d LOCATION Wyor Town	COUNTY BLOWTE
DHMH - 17 (VR A15 ME (5))	24 1	UNERAL DIRECTOR NAME VIA GOA COV	3 447-11	44 ANUS 3	EC'D, BY REGISTRAR 256. REG	



64		CEASED NAME FRST	MIDDLE	Pah	AST CAN	20. DATE OF DEATH MONTH	985 4
poge 3	3. SEX	(1///////	I RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
s afte	H	emale	White	MONT	c. 1. 1886	xx 98 yrs	MONTHS DAYS HOURS
in 72 hour	7a. BI	RTHPLACE (STATE OR FOREIGN ONLY) Ohio	76. CITIZEN OF WHAT	COUNTRY2 18	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Montgomery	TY OF DEATH
by the fu		IVOR TOWN OF DEATH	(IF NOT IN SUCH FACILI	AL, NURSING HOME (TY, GIVE STREET ADDRESS) e Ret. Cent	OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING Homemaker	12b. KIND OF BUSINE INDUSTRY Home
more in	USU/ 13n. S	AL RESIDENCE , # NURSING HOME STATE 13b, CO MD MOR	UNTY 13c C	SIDENCE BEFORE ADMISSION) ITY OR TOWN ethesda 1.	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS / ZIP CO 5410 Cornish	
1/50	14 FA	THER'S NAME Randolph		Neal	Rosalie	WIDDIE	Liming
Popes Popes	16a. V	VAS DECEASED EVER IN U.S. A		7-28-8845	Walter S. R	obinson 2708 Spe	
physical snooper smoval svent, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	anly ane cause per line fo SED BY: ATE CAUSE (a)	on GEST (It HARACT	FRILIKE	APPROXIMATE INTER BETWEEN ONSET AND
ortending ove corbo fion, or re		Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	CEREBINA	DARRETIO) SAME
by the cose remote tree other tree		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	Aronnia	1 HYPERTHYSIN	SANG
Then ple to buria	NO	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 11a
has been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USET I IFYING CAUSES OF DEAT YES NO
ottenaing physicio fer this certificate I s the burial-transit t and Mental Hygie rked at Hem. 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	MAIH	RY MONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TI	B PART I OR PART 2)
orrenaing ter this cast the bur hand Me	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY S
CTOR: Af Ifor use a of Health		22a. I certify that (1) (this bot saw the deceased alive above, (1) (1) (d) (d)	91.00	19 85 0	nd that in (my) (bur) apinior	death occurred on the date and h	our and fram the causes sta
DIRECTOR DIR		226. SIGNATURE	1			MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
A det		224 PHYSICIAN'S NAME ITYP	ORPHNI) MAR	Gous	77e ADDRESS	O GEORGETO WA	RD Rockille
TO FUNERAL should be deto with the State IMPORTANT: If		CHRC	2 . 1190	2000	114010	0 1 1 0 0 10 12	201.000

noaning a street alte de de la son de de de la constante de la vietomicroli x x y y office office of the Tenny thinks the come and the contract of the "O Montgomery Schingds y gentle to the college exists in location delicates Since of the reason SVS moon are . . rester Col-12-17 A.V.S. Catting one act act actions to the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

77 Talling miles A LT DESIGNATION OF THE PROPERTY OF THE PROPER This was a left to the first state of the st

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

oftending physician.

retained by the hospital

BP

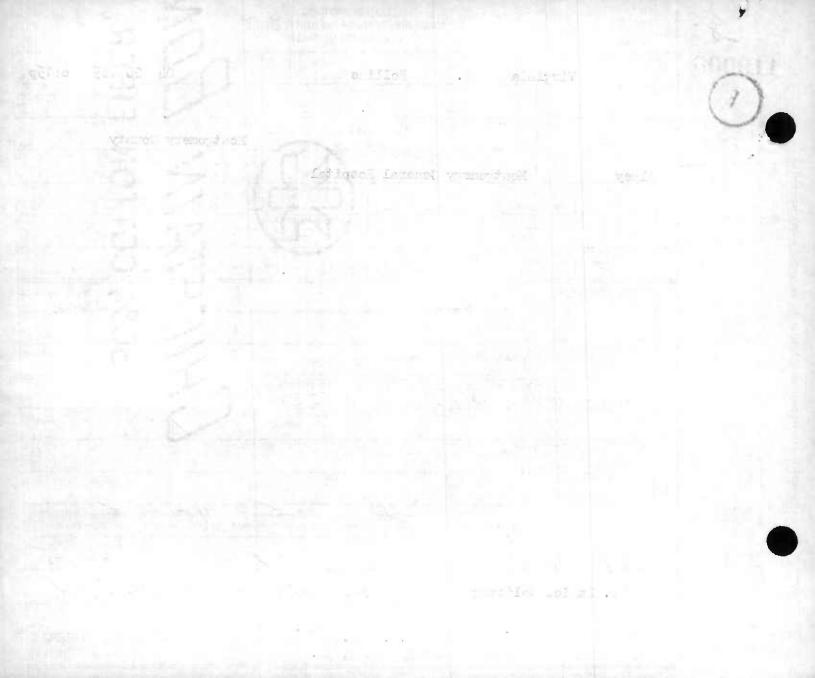
DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR - STATE

119006

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	REGISTRAR				CENTII	ICATE OF D	EAIN		REG. NO	5.			
	CEASED NAME	FIRST		MIDDLE	-	LAST		20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR
,,,,,,	CORPRINTY	Virgin	nia	E.	Rolli						20	85	6:15
3. SE	x Femal		RACE	Thina	5 DATE C	DAY.	19 [°] 0 [°] 8	6 AGE INYE	_	HDAY)	MONTH	DER I YEAR	HOURS A
2 0				hite	Sept	. 19	1908		76	YRS			
/a Bi	RTHPLACE (STATE OR COUNTRY) LSSOUTI	FOREIGN 7		WHAT COUNTRY?	MARRIE	DE NEVER M	ARRIED -	9 BALTIMOI		-			
1			US		WIDOW		ORCED		gomer				
0	Olney		Montgo	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	ral F			120 USUAL C (TYPE OF WORK Hou		FWORKING		IDUSTRY	home
13a. S	al residence (if NUR STATE .ryland	13b COUNT Montgo	ſΥ	ISC CITY OR TOWN	N	13d INSIDECI YES 🖾	TY LIMITS?	13 STREET A 2924 B	DDRESS /	ZIP COI Tree	DE Lar	ne	20
14 F.A	William		Arch	Tabor			MAIDEN NAI IRST Ta		Alois	-	I	Phi11	ips
	WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMAT	VT.		ADDRE	SS			
	YES, NO OR UNKNOWN)	N N	A PAR OR DATES	526-39-2	997	Sterlin	ig J. R	Rollins	-hus b	and-	(sa	ame a	s 13e
				r line for (a), (b), one	licit						T	APPROXI	MATE INTERVA
	PART I. DEATH V	VAS CAUSEĎ IMMEDIATE		CONCIL							10	2 /1	ook,
NO			prolitions co	Shy Reox	1 to	/ 40	Block	/	OR COND)ITION G	IVEN IN	PART 110	
CERTIFICATION	190 DATE OF OPERA			ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO	NO NO	IN CERT			OF DEATH?
CER	21a. ACCIDENT WAS UN		216. TIME C		V VEAD	21c. HOW INJ	URY OCCUR	RED (ENTERNAT				OR PART 2)	
AL	OR CONTRIBUTING			.m. month da .m.	Y YEAR								
MEDICAL	21d INJURY OCCUP		21e. PLACE	OF INJURY REEL, FACTORY, OFFICE, FA		211 LOCATIO	N		CITY OR TOW	WN	C	OUNIY	STAT
2	WHILE NOT W	ORK	,	TALL OF THE PA					/				
	22a L certify that () (this hospita	ol) attended th		3/30		, 19 55	to	4/2	2	. 19	5	that (1) (we
	saw the decea	sed olive on	4/20	ofter death	. 01	nd that in (my) (our) opinion	deoth occurred	d on the do	te and ha	our and	from the	couses state
	77% SIGNATURE	1	//	Size Geoffi.		DEGREE		,			T	Th. DAJE	SIGNED
	100	de	61			A. P	HYSICIAN	MEDICAL DIRECTOR [STAF PHYSIC	F IAN []		4/2	185
	274 PHYSICIAN'S N	AME (1111 OF	PRINCE			22e ADDRESS		1	1		11	1	
	Dr. Da	entel G	oldber	g		10401	Old Geo	reton	Rd-	Bes	1500	dat	Dol.
	BURIAL, CREMATION		23b. DATE		AME OF C	EMETERY OR C		23d. LOCA	TION				
	Burial		Apr. 25	1985 Wa	vnest	ville Me	m. Par		nesvi	11e	COU	NIY	Misso
24 F	UNERAL DIRECTOR			11800 1	.H. A	Ave.,	250 DAT	E RECID. BY RE			SIBARA	SIGNA	meet
Hir	es/Rinald	i Fune	ral Hom	ne Silver	Spr	ing, Md.	PAK	2 2 19	82				



102040	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY	REG. NO.	, 0 0
be 3 to the state of the state	(TYPE	CEASED NAME FIRST TACH	MIDDLE	ROSEN BAUM	04 0	AY YEAR 26 HOUR 3 1985 1230 A 15 UNDER 1 YEAR 15 UNDER 24 HRS
Page 4 may	MA	LE	WHITE	OCTOBER 15, 1894	90 YRS.	ONTHS DAYS HOURS MIN.
death. Po	PO	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MOWTGOMER	Y COUNTY MD
offer of the filed with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Swburbaw	G HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	120 USUAL OCCUPATION CARPENTER OF WORKING LIFE	
within 24 hours after blensy tilled in by the Id 2 should be filled wit ammer spaces indiffer			ROTHER INSTITUTION, GIVE RESIDENCE BEFORE THE ROCK VIM	AE2 MO	13e STREET ADDRESS / ZIP CODE 6121 MONTROSE RI	
red within	(4	NASCERTAINABLE			AINABLE) MIDDLE (UN.	ASCERFAINABLE)
on and a		VAS DECEASED EVER IN U.S. AF (ES. NO OR UNKNOWN) (IF YES. GI	RMED FORCES? 166 SOCIAL SECU 111-10-		ATT, 520 MECLOUD, MOUNT SHASTA	. CALIFORNIA
physican an paper emaval event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), and ED BY: TE CAUSE (0) DISSECTI	ng Ancurysm Thorac	ic Anto	BETWEEN ONSET AND DEATH
e death ce e attending mave carb traumatic.		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF		
equires that the death certificate be in signed by the attending physician. Then please remave carban papers fro burial, cremation, or removal. injury, or other traumatic event, the injury, or other traumatic event, the		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
requires an signed Then ple injury, a	NOI		conditions <u>contributing to </u>	death but not related to the term		
The law ton. I has been to permit green prices any	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED FING CAUSES OF DEATH?
OR ATTENDING PHYSICIAN. The e hospital or attending physician DIRECTOR: After this certificate highed for use as the burial-transit poept of Health and Mental Hygien if them 21 is marked or term 18 story.	MEDICAL CE	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI + OR PART ?)
DING PHY: or attendii After this e as the bu alth and M marked ar	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	- 1	EITY OR TOWN	COUNTY STATE
R ATTENDI haspital or RECTOR: A red for use spt of Heal		slow the deceased alive con above (1) we (did) (did or	view the body ofter death.		deoth occurred on the date and hour	
£ 0 2			aban	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122 DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the State		RAYMONO	BASS		Vara DV When	ton Md 2090
BP		BURIAL, CREMATION, REMOVAI JRTAL	23b. DATE 4/4/1985 MO	NAME OF CEMETERY OR CREMATORY UNT LEBANON CEMETE	J GEUK	GE'S. MARY LAND
DHMH - 16 50M 4/83	245/	WEATLD IREGIOR STEIN	HERREW MEMORIAL	FUNERAL HOME 1884	TE REC'D. BY REGISTRAR 256 REGISTE	TAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)



STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTORDANZANSKY-GOLDBERG, MEMORIAL CHAPELS 130. DATE REC'D. BY REGISTRAR'S SIGNATURE

1170. Poolegi 110. Poils . Poolegi 110. Md. 20852

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED -18-85

STATE OF MARYLAND

6000 Executive Blvd., #511; Rockville, Md. 20852 231. NAME OF CEMETERY OR CREMATORY

Washington, D.C.

2b. HOUR

IF UNDER 1 YEAR

DAYS

Home

BERMAN

2:05a-M

LEOV

STATE

STATE

Lee Crematory

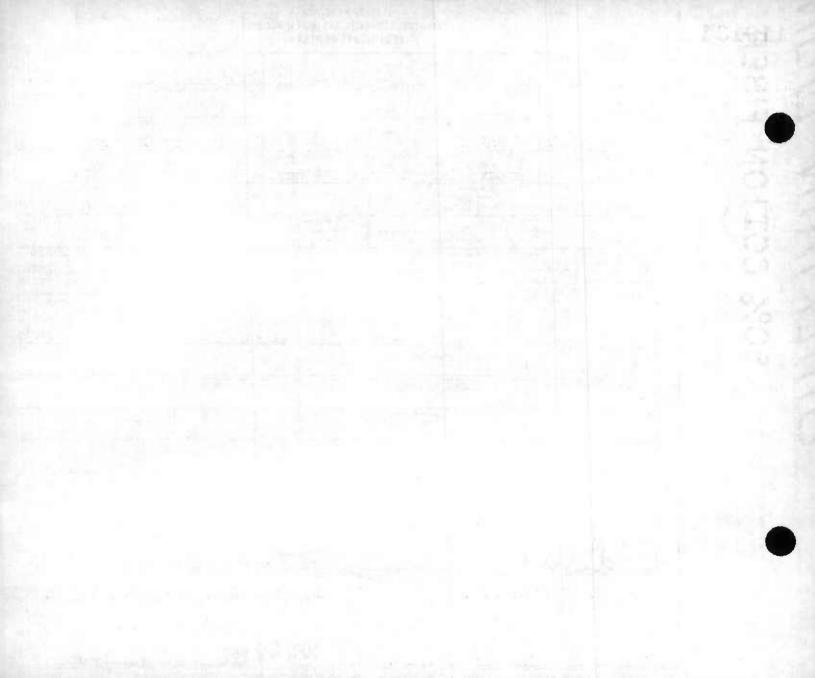
1170 Rockville Pike: Rockville, Md. 20852

4/19/85

EVA M. MORELL, M.D.

230 BURIAL, CREMATION, REMOVAL

Cremation



(VRA 15, 4)

STATE OF MARYLAND



129019

STATE OF MARYLA
DEPARTMENT OF HEALTH AND M

	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE REG. NO.	0 .		
E	LAST	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
	RUDDERFORTH	04	26	85	2:53
	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNI	DER 1 YEAR	IF UNDER 24 HRS

ETHEL 3 SEX Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE

9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED DEVER MARRIED WIDOWED DIVORCED

LIYPE OF WORK FOR MOST OF WORKING LIFET

HOUSEWIFE

MIDDLE

12b. KIND OF BUSINES

GLENN

APPROXIMATE INTERVAL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

14 FATHER'S NAME

13d INSIDE CITY LIMITS? YES X

130.5 STREET ADDRESS / ZIP CODE Glen

(YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES)

I STATE OF FOREIGN

FIRST

FOR - STATE REGISTRAR

ETYPE OR PRINTS

DECEASED NAME

10 CITY OR TOWN OF DEATH

UNKNOUM

CERTIFICATION

MEDICAL

Cho

00

5

MPORTANT id be o

16b. SOCIAL SECURITY NO

17. INFORMANT

SHRDY

307

18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E IMMEDIATE O	one cause per line for to As, and to My: EAUSE (a)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

77h SICKNEROUS

(SPECIFY)

216 TIME OF INJURY

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

COUNTY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

NOT WHILE

226. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

and that in (prŷ) (our) opinian death accurred on the date and hour and from the causes stated

CITY OF TOWN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

220.1 certify that ((this hospital) ottended the deceased fram saw the deceased alive on

> STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22: DATE SIGNED

STATE

Clark Holmes MD 14314 Old Marlboro Pike

Burial 24 FUNERAL DIRECTOR Cedar Hill Cemetery Suitland MD

22e ADDRESS

Suitland PG

COUNTY

Wilhelm Funeral Tome

23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

0

BP

Louis Davi due Series Series Ser Louis Village Lemont

2076		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
de, page 3 other deority		CEASED NAME Eddie	Katherine	RUDICH S. DATE OF BIRTH MONTH DAY YEAR AUGUST 17, 1985	20. DATE OF DEATH A	ADAY) ADAY) AND HE UNDER TYEAR AND HE UNDER 24 HR AND HE UNDER
de Company	7	ennessee		8. MARRIED MEVER MARRIED WIDO WED DIVORCED DIVOR	9 BALTIMORE CITY OR MONTGOM 120. USUAL OCCUPATION	COUNTY OF DEATH LERY COUNTY DN 126. KIND OF BUSINESS C
A Table in by the	LISU 1Ja	BETHE 3 D FT AL RESIDENCE (IF NURSING HOME OR O STATE MON	TY 13c. CITY OR TOV	HOSPITAL READMISSION) VIN 134. INSIDE CITY LIMITS? YES NO	House Will 13. STREET ADDRESS / 3706 Mo	ZIP CODE DI 108
and completel	16a. Y	NAS DECEASED EVER IN U.S. ARM	PETTYJOLA MED FORCES? 166 SOCIAL SECTION AND ORDATES) 213-58-		MIDDLE COUGATOR	Arnn 29 Park Ave Towson
sures that the death cert signed by the attending is an please serior codain otherio, cremation, or ren ury, or other traumatic ex-	z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENT OF THE CONSEQUENT OF	relied ance	MINAL DISEASE OR COND	DITION GIVEN IN PART To
The low residion. The hos been sit permit. If young prior prior is spows only in	CERTIFICATION	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
TENDING PHYSICIAN. ital or ottending physicians. OR: After this certificator use as the build-troid the off Health and Mental H, if Health and Mental H, is marked or them 18.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK ALL WORK 22a certify that (I) (this hospitus which is not when deceased alive on obove, (I) (med. (did) (and not obove, (I)) (med. (did))	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 10) ottended the deceosed from, 119.	19 211. LOCATION	CITY OF TOW	vn county stat
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched it with the Stote Dept. of IMPORTANT. If Hem 2	230	276. SIGNATURE 276. PHYSICIAN'S NAME (TYPE OR HOWAND BURIAL, CREMATION, REMOVAL	I fill Siciny	DEGREE ATTENDING PHYSICIAN 220 ADDRESS NAME OF CEMETERY OR CREMATORY	MEDICAL STAF	ISIN AUE
BP DHMH - 16 50M 4/83 (VRA 15, 4)		CTEMATION UNERAL DIRECTOR NAME NAME	April 8, 1985 C	hambers Crenator 8655 Georgia Ave 250 DA Dilverspring and A	TY RIVERONAL TEREC'D. BY REGISTRAR	He P.G. M 25b. REGISTRAN'S SIGNATURE

atosua Service County August 17455 August 172 Service The large translation of the second was a small Ald. Martin Day Chara & S. 2 206 M. saft Red St. L. The control of the second of t OF THE DIRECTOR COUNTRIES STEELS -- THE STEELS Le anti- de la light Countre de la Countre d



ATTENDING

0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTII	FICATE OF DEATH	REG. N	D.		
1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) Sopi	nie Rybka			April 9,	1985		8:50pm
3. SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
FEMALE	CAUCASIAN	Oct		70	YRS.	VIAS	HOURS MIN.
To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	
Maryland	U.S.A.	WIDOW		Montgomery	Co:		MD.
10 CITY OR TOWN OF DEATH	11, NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI			F BUSINESS OR
Olney		ry General	Hospital	Wiring	F WORKING LIFE)	West.	inghouse
USUAL RESIDENCE	CRICITATE INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION)					
MARYLAND		TOTALON TO	13d. INSIDE CITY LIMITS?	439 S. Re	binson	St 1	27 227
14 FATHER'S NAME	- I DA	LITMORE	15 MOTHER'S MAIDEN N		OTHEON	000	K-LKR4
FIRST	MIDDLE	LAST	FIRST A DIT	MIDDLE		(AS	
PETER 160 WAS DECEASED EVER IN U.S.		OWSKI DCIAL SECURITY NO.	FRANC	ADDRI	55	TOMCZ	
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)				Derwood	Md, 20	0855国
No	_ 21	6-10-3827	Mildred Bus	sard, 18204 1	luncast		
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	ICED BY	\/	-0, 78	a lil Hood	1	BETWEIN	ONSET AND DEATH
	IATE CAUSE (0)	racarrant	us compru	S. MY DAG	*	3/	TW.
	DUE TO, OR AS A	CONSEQUENCE OF	10.1	(4)			1
Conditions, if ony, which	(b)	mark	1 conversion	mis parin		0	~~~
gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF	1. c/1 -	11/2/		10	ALA
underlying couse last.	((c)	moon	MA BY ME	1 22 AB CON	J	1 1	2000)
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						,	
190 DATE OF OPERATION	196 CONDITION	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		NGS USED OF DEATH?
HE I				YES NO	YES [NO [
21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
an an incident of a court of	DEATH	ONTH DAY YEAR					
OR CONTRIBUTING CAUSE OF CA	21e. PLACE OF INJ		21f LOCATION		WELLS.		
WHILE NO WHILE	(AT HOME STREET, FAC	TORY, OFFICE, FARM, ETC.)	STREET	1 Tripero	WHI	COUNTY	STATE
AT WORK AT WORK	-14 15 -14 -1 11 14 15 -1 -1	4,	10	- 41	10		a) A state to a Maria
220.1 certify that (1) (this has sow the deceased alive	The state of the s		nd that in (my) (o)-opinio	n death accurred of the d	ole and hour a	.0	that (II-(we) lost
obove, (I) (we) (did) (did	not) view the body after a	eoth.	DEGREE		ng one noor o	THE DATE	
wa sidewicka	Track to to		ATTENDING	MEDICAL STA	FF	141	0100
	1 and	v)	PHYSICIAN	DIRECTOR PHYSIC	IAN [11/	1180
228. PHYSICIAN'S NAME (III	to consider	1	22e ADDRESS	15/6	14 (1/10/	N 75868
~17.h	122N /30	17	1811/2	CHIMIY	ni.) and	17
23a BURIAL, CREMATION, REMOV	AL THE MATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
Burial	4/13/85	Holy R	osary Cemeter		Maryl	and	
24 FUNERAL DIRECTOR				ATE RECID. BY REGISTRAR	256. REGISTRA	RIS SIGNAT	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumotic event, the

George A. Weber & Sons Inc. 705 S. Ann St. 21231

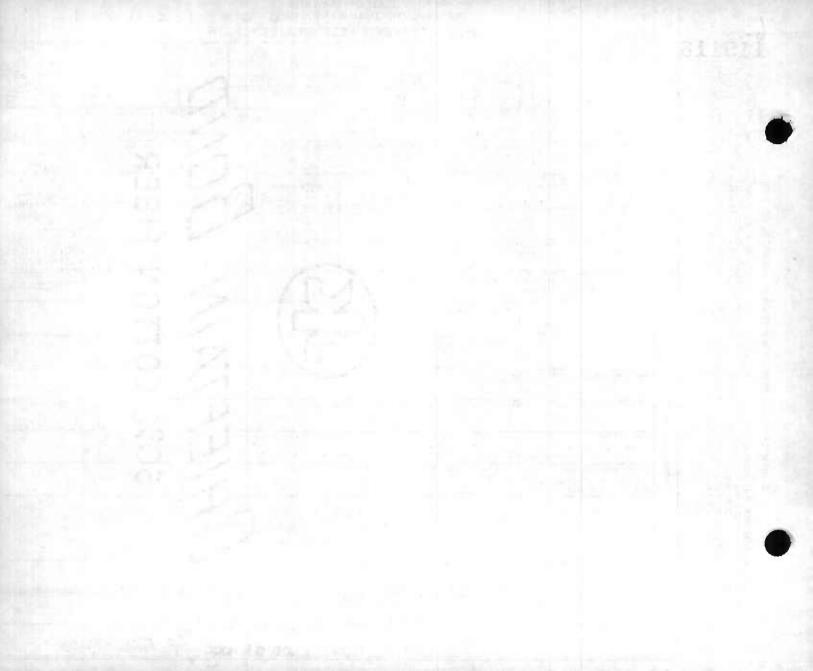
APK 1 1 1985 guite Davidson-Kandelle

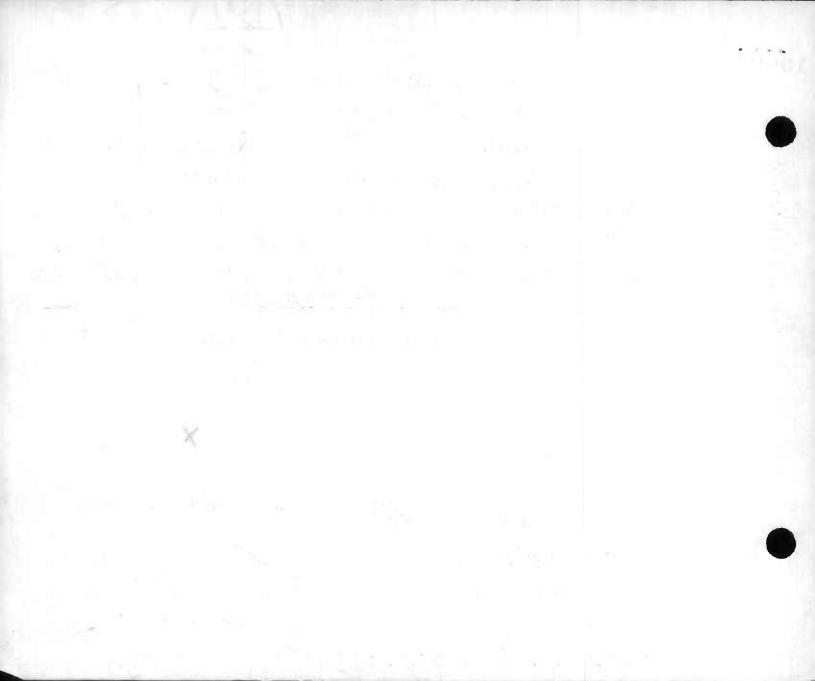
April 9, 055 Usage

act go

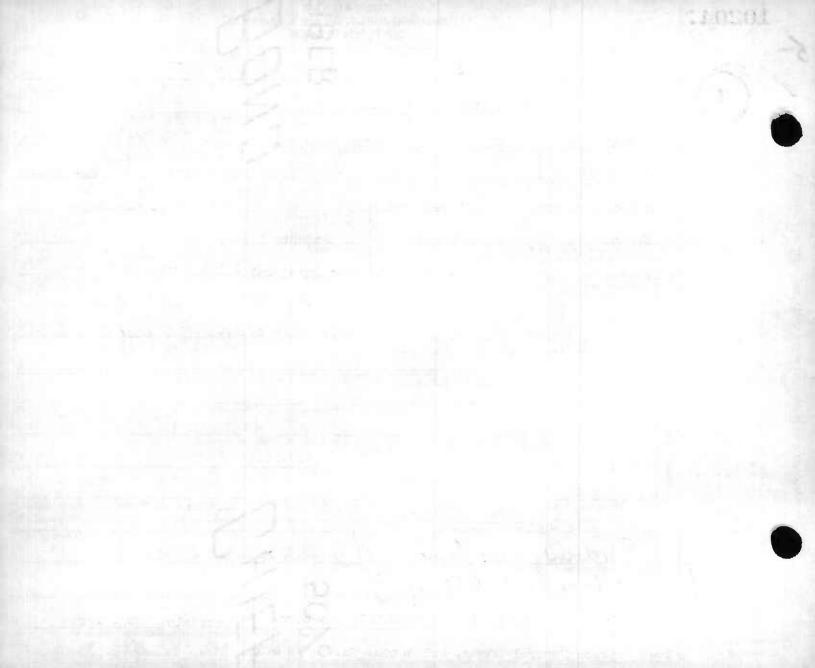
· vannovinota si v

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR ESTI-DEATH MATED Fulgencio Lorenzo Saavedra-Carino 2019 85 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR JE UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 1:39P 1966 19 DEAD Male Hispanic Feb 19 85 YRS To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Mexico Mexico WIDOWED | DIVORCED Montgomery County, I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Suburban Hospital Construction Worker Bethesda Nazario SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Const. Co. 13a STATE 131 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Maryland YES X Hvattsville 2716Ager Rd, APt. NO T 20782 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Guada lup Saavedra Saavedra Maria Carino Lucero 17 INFORMANT IAL SOCIAL SECURITY NO ADDRESS 160 .WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OPTINKNOWN (IF YES, GIVE WAR OR DATES) 11530 East Maple Ave. Beltsville, Md. No Mr. Hoseph Nazario PERMIT. PA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. AMMEDIATE CAUSE (g) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AIMER: THIS CERTIFFE WORK.
FICATE, WRITING THE WORK.
E. FORWARDED TO THE CHIEF MEDIC.
CTOR: PAGE 3 SHOULD BE USEDASA BUTHE STATE DEPARTMENT OF HEALTH APPLY THE STATE DEPARTMENT OF BURIAL, CREMATION OF ALCOHOLOGICAL CREMATION OF BURIAL, CREMATION OF BURIAL, CREMATION OF THE STATE DEPARTMENT OF BURIAL, CREMATION OF THE STATE DEPARTMENT OF BURIAL, CREMATION OF THE STATE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 1:15 M 20 19 85 Pedestrian struck by auto 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARY JAND 31201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK River & Willard Rds. Mont. MD. road 224 | certify that I took charge at the remains directibe Inspection death resulted fram: Hamicide L Undetermined manner LITLE (SPECIFY) ACTUAL DATE 4/21/85 Acting ChiefMEDICALEXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD. TYPE OR PRINT 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE STATE Burial May 1,1985 Mixquitepec Cemetery Mixquitepec, Mexico 07/84 BP. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Fia Davidson-Randalle Gasch's Sons F.H.P.A. (VR A15 ME (5)) Hyattsville, Maryland, DD





102047	1,	FOR STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE	20	1 6	
/	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10		
			FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
/ 8 6 2	(TYP)	OR PRINT)	Jolini	0		<	AIA	4-4-84			41
11 2	3. SE		12///E	CE:		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST 0	RTHDAY) IF U	NDER TYEAR	# UNDER 24 HRS
19 (a #A)	J. JL	F-				MONTH			MONT		HOURS MIN
0 4	2 0	DELIBITION ACE		aucas			ch 9, 1909	76	YRS	DEATH	
E 30 /8/		RTHPLACE (STATE OR FOR COUNTRY)	EIGN //b. CT	TIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	1 - 1 - 1	DEATH	
de de l		ew York		USA		WIDOWE		MONT	GORRER	1/	MD
1 11 1/2	10 C	TY OR TOWN OF DEATH			HOSPITAL, NURSI CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND OF I	BUSINESS OR
	11	Kethesda			Subu	rhai	n HOSP/40/	Housewi			Home
no 51/4/9	USU	AL RESIDENCE IN NURSING	HOME OR OTHER	INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		10	UNIO
24 27 D	1				1		Vec C		rest Eda	7 t-V	100
S in the second		aryland Li	Mont.		Silver	spring	IS. MOTHER'S MAIDEN NA		rest tog	e Dri	/B
12 /5//	1	EIRST	MIDDLE		LAST		FIRST	MIDDLE		LAST	
	The N	Eugene VAS DECEASED EVER IN	IIS ADMED E	OPCES?	Pagliaro	IDITY NO	Assunta 17. INFORMANT	ADDI	RESS .		
2 2 2			IF YES, GIVE WAR					Ro	ckyille,	Md. 2	20850
0 54 5		No			055 20	4508	John Saia(so	n) 10100 B	urton Gl	en Dri	ATE INTERVAL
ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ratherding physician. Which this certificate has been signed by the attending physician and completely littled in as the burial-transit permit. Then please remove corban paper. Pager and Explained the ond Mental Hygiene prior to burial, cremation, or removal. Orked or Hem 18 shows any injury, or other traumottic event, the medical commitment is a contract to the contract	CERTIFICATION		ICANT COND	(c) ITIONS_C		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING	
TALR The li The li Cion. The li Cion.	E							YES NO	YES []	NO 🗌
CLAN: T Physician perificate al-transi atal Hygin	-	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH	HOUR A	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM TO PART T	ORPART?)	
HYSICI Iding I Ins cert Mente Mente	MEDICAL	21d. INJURY OCCURRED	2	le. PLACE	OF INJURY		211 LOCATION	CITY OR 1		COUNTY	STATE
Sond the standard on the stand	E	WHILE NOT WHILE		AT HOME, ST	REET, FACTORY, OFFICE.	FARM ETC)	STREET	CITORI	5444	CODIVIT	SIMIL
Aft of the solution	18	220.1 certify that (I) (th	us hospital) at	ttended th	ne decensed from	Na	rch 29 19.85	to Ann	9 4 th 193	85 th	ot (I) (we) lost
T H S S S S S S S S S S S S S S S S S S		saw the deceased		414	19.4	O free	nd that in (my) (gGr) opinian				
R ATT hospined formed for tem 21		obave, (1) (w/e) (did 22b. SIGNATURE) (did bot) view	v the body	ofter death.		DEGREE			22c DATE SI	1001
the Doctor		Fran	he U	VM	Shal		M) ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	ZA. DATE SI	GIVED
HOSPI HOSPI FUNE FUNE Puld be hothe Si		22d PHYSIGIAN'S NAM	E (TYPE OF PRINT	W.	while	(M)	22e ADDRESS				
5 5 6 4 3 X		BURIAL, CREMATION, RE	MOVAL 236	DATE	23c.	NAME OF	EMETERY OR CREMATORY	23d. LOCATION			
BP		Burial	Ar	oril			ff Cemetery	Hartsda		ew Yor	STATE K
	24 F	UNERAL DIRECTOR	1 2			1154		TE REC'D. BY REGISTRA			
DHMH - 16 50M 4/83 (VRA 15, 4)	T	NAME TO C = DO P Y CON	Funera	1 Hon	ADDRESS	naton	. Va. APR	9 1985	Lulia Nois	1300	John.



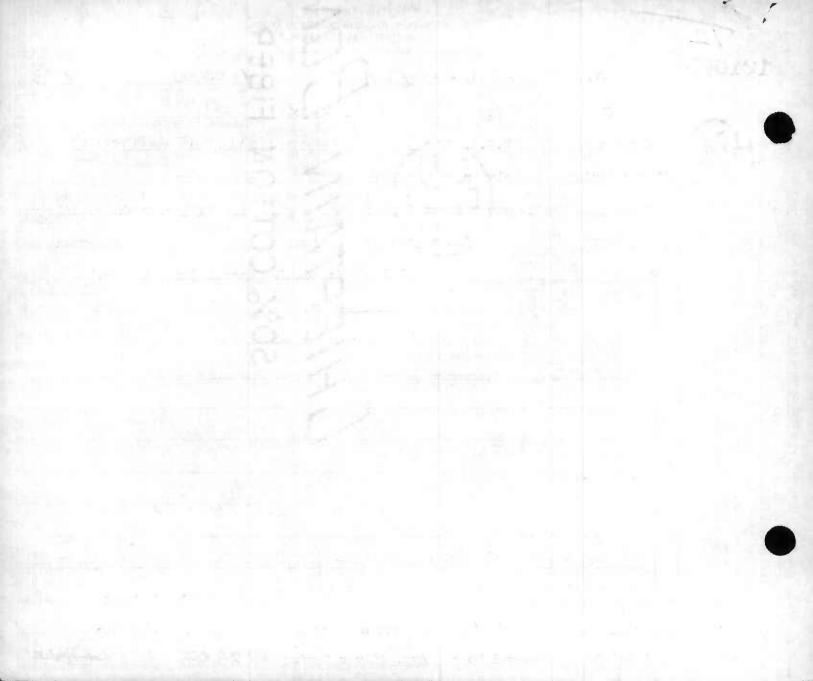
Ave. Silver Spring

Hines/Rinaldi: Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



- STATE REGISTRAR DECEASED NAME

Rockville

TYPE OR PRINTI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

Homemaker

19 Langwood Drive

Rev.Richard Reichard 9701 Veirs Dr.Reckville

13e STREET ADDRESS / ZIP CODE

BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH 2h HOUR 10 85 3:10 a.m. 04 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR DAYS

EX.	4 RACE	5. DATE OF BIRTH				
female	whi.te	August 4, 1898				
INTERPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8				
COUNTRY)	3 TT G A	MARRIED NEVER MARRIED				
altimore, Maryla	nd U.S.A.	WIDOWED DIVORCED				
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION				

BUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

II CAUSE OF DEATH (Enter only one couse per line for (a), (b), one ic

Marie

1898 R MARRIED

Saunders

Montgomery County DIVORCED TX

126 KIND OF BUSINESS OR at home

134 COUNTY Virginia Elizabath MIDDLE Jacob

Anna

166 SOCIAL SECURITY NO

13t. CITY OR TOWN

Hamoten

Finama 17 INFORMANT

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Bertha

Hedri ek Md.

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

212-22-3205

National Lutheran Home for the Aged

DEATH BUT OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19n DATE OF OPERATION

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

saw the deceased alive on Orning

220 I certify that (1) (this hospital) attended the deceased from

Canditions, if ony, which gove rise to immediate cause (o), stating the

underlying cause last

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? NOX

and that in (my) (euc) opinian death accurred an the date and hour and from the causes stated

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

110 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY 21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

HOUR A.M. MONTH DAY YEAR

211 LOCATION

CITY OR TOWN COUNTY

April 12,1985

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22t. DATE SIGNED

Leudon Park Cemetery

.W. WASH. D.C. DONG

(SPEBurial

24 FUNERAL DIRECTOR

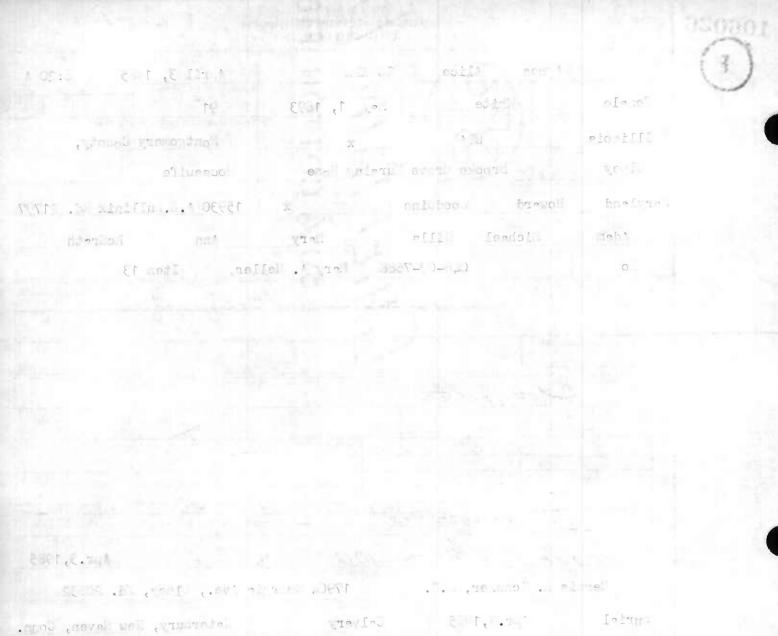
The Hysong Co. Inc. 1300 N St. N.W. Washington, D. W.

Baltimore, Maryland

DHMH - 15 50M 7/84 (VRA 15, 4)

white washing to 1998 the To the particular of the second of the secon send the send that the part was the deal for the line. Frieds Elizabeth Harring a 19 Laurent have of the state of th The dearner to Deal and a state of the standard and the s

RECORDS, 201



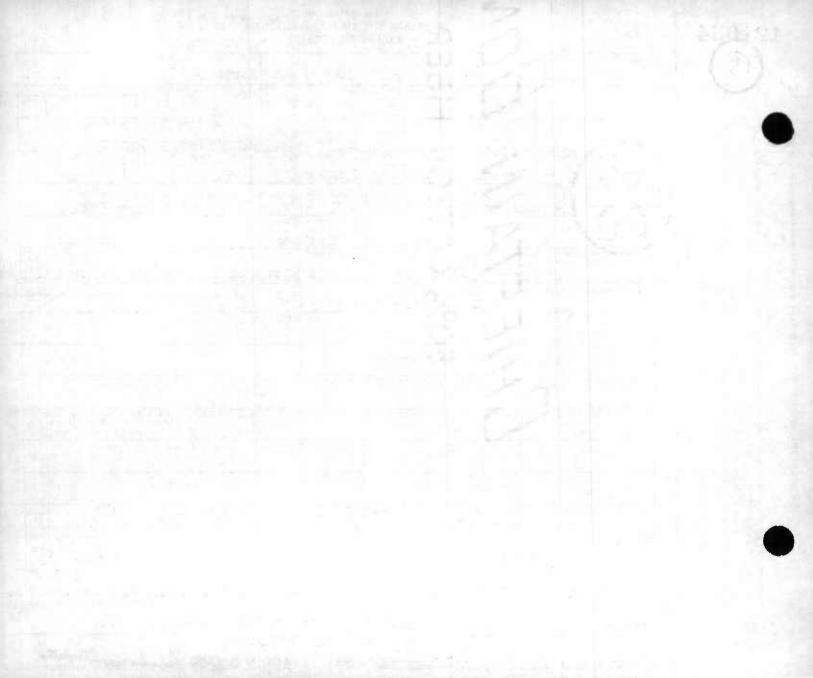
lind, .olemores, ..., intacus, il.

STATE OF MARYLAND

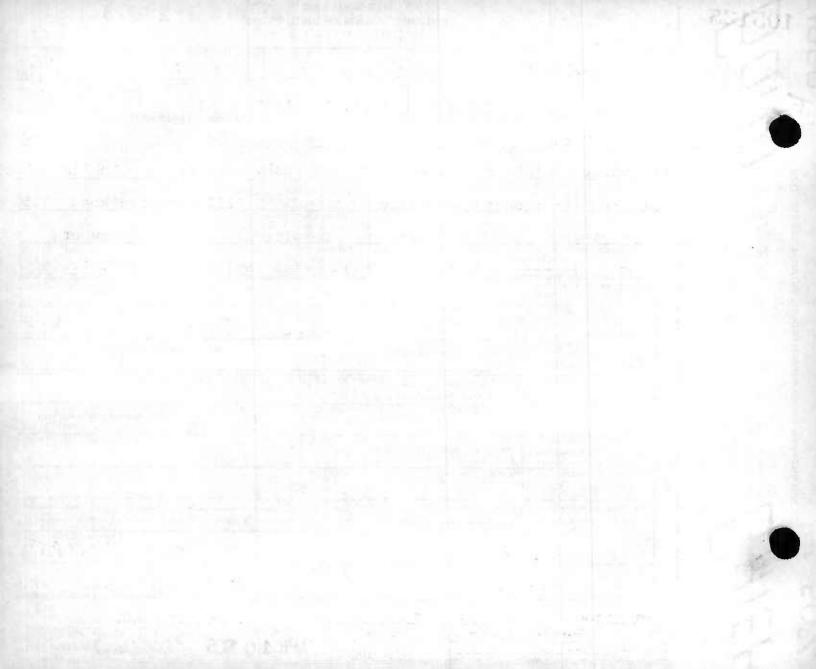
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



105125	1	FOR STATE	DI	PARTMENT OF HEAL	MARYLAND TH AND MENTAL HYG	IENE	20	8 1
		REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	0.	
		CEASED NAME , FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
poge 3	(TYPE	ORPRINI) LESL	IE	SCH	WARTZ		04/03/	85 142
you pog	3. SE	(4. RACE	5. DATE OF BI	RTH	6. AGE (IN YEARS LAST BIR		ER I YEAR IF UNDER 24 HRS
ctor.		Male	White	MONTH	. 21, YEAR 189	7 87	YRS	DAYS HOURS MIN.
2 19 1/	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTDV2 8		9 BALTIMORE CITY O		EATH
€ TE /8)1		COUNTRY)		MARRIED	NEVER MARRIED		GOMER	
1 11 28 1	10 C	New York	USA	WIDOWED NURSING HOME OR O		12a USUAL OCCUPATI		KIND OF BUSINESS OR
190	R	ockville		me of Gre	eater Wash	LITYPE OF WORK FOR MOST C		Public Sch
MARYLAND 2120 Find within 74 hours and 2 should recitle	13a. S	AL RESIDENCE (IF NURSING HOME O	NTY 13c. CITY C	OR TOWN 13d.	INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	Road 2085
Y A		arvland IMon	tgomery Roc	111	MOTHER'S MAIDEN NA		ntrose	Road 2003
AR 1 151 1/	14.17	FIRST		AST	FIRST	MIDDLE		LAST
	-	Charles VAS DECEASED EVER IN U.S. AF		Wartz AL SECURITY NO. 17	Rosalie	ADDRE		Newborg
O D D			VE WAR OR DATES!					Arra DC
MI A ST S		No -	<u> </u> 1/6-	-22-504/[1	or. Edith	Taylor,54	80 Wisc	
ficate be seen ficate be seen poper. Poper noval		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (gr	- James V	(1	A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., the death certification by the attending phere manye carbon prerenation, or remainer traumatic ever			TE CAUSE (a)	Systolie	Cardie	ac Har	31	Sudden
ston tending e carb on, or r			DUE TO, OR AS ACO	NSEQUENCE OF		C D		
depi depi ster tion,		Canditians, if any, which	((b)	cle dime	a Node	mudi	one	
the the semoner trees		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COI	NSEQUENCE OF		J		
		underlying cause last.	(c)					
ned the pleating of the pleati		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Iral
RDS, equiliproperation significant to be injuriant.	O		1 ARKIN	SONISM				
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. fret this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or flem it shows any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION W	AS PERFORMED	20a AUTOPSY?		RE FINDINGS USED
L Re lo no	ΪĔ					YES TO NO	YES [CAUSES OF DEATH?
VITA Nysice ronsit Hygin	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21	HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I O	R PART 2)
Physical Physics of the Physics of t		OR CONTRIBUTING CAUSE OF DE	AIR	TH DAY YEAR				
HYSH Iding Mis ce buril Mer he	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211	LOCATION			
VISIO	A.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	. OFFICE, FARM, ETC)	STREET	CITY OR TO	WN C	OUNTY STATE
		22a.l certify that (I) (this hasp	ital total ded the deceases	11/1	1 1084	10 4/5	18510	, that (I) (we) las
TTEND pital o TOR: / for use of Hep				P 1 1 1	at in (my) (aur) apinian	death occurred an the	ate and haur and	
R ATTEN hospital IRECTOR hed for of H tem 21 is	100	above, (1) (we) (did) (did a	at view he body after death	DEG		1 /		21. DAJE SIGNED
Oche Dep		WE SIGNATURE	LOVED.	111	ATTENDING _	MEDICAL STA	FF \	4/0/61
RAI To de L	1	N'/.	Dence.	101	e ADDRESS	DIRECTOR PHYSIC	IAN	1/3/10
TO HOSPITA OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Head MADORTANT. If hem 21 is many than the State Dept. of the state of the stat		22d PHYSICIAN'S NAME (TYPE	TEL	11	/	TROSE	RO K	ockulle.
5 g 5 g x x		BURIAL, CREMATION, REMOVA		23c NAME OF CEME	TERY OR CREMATORY	123d LOCATION		
BP	(CREMATION	4/8/85	Lee Crem	atory	Washingt	on, D.C.	NTY STATE
		UNERAL DIRECTOR DANZA			9	E REC'D. BY REGISTRAR		
DHMH - 16 50M 4/83 (VRA 15, 4)		170 Rockville P	A	DDKESS		0 1985 4	chia Davidso	n-Randell
	1	TA MCKATTIE L	TVE! MOCKATT	LC, Thi. 200	26	- 1		



DO O O MODEL

STATE OF MARYLAND

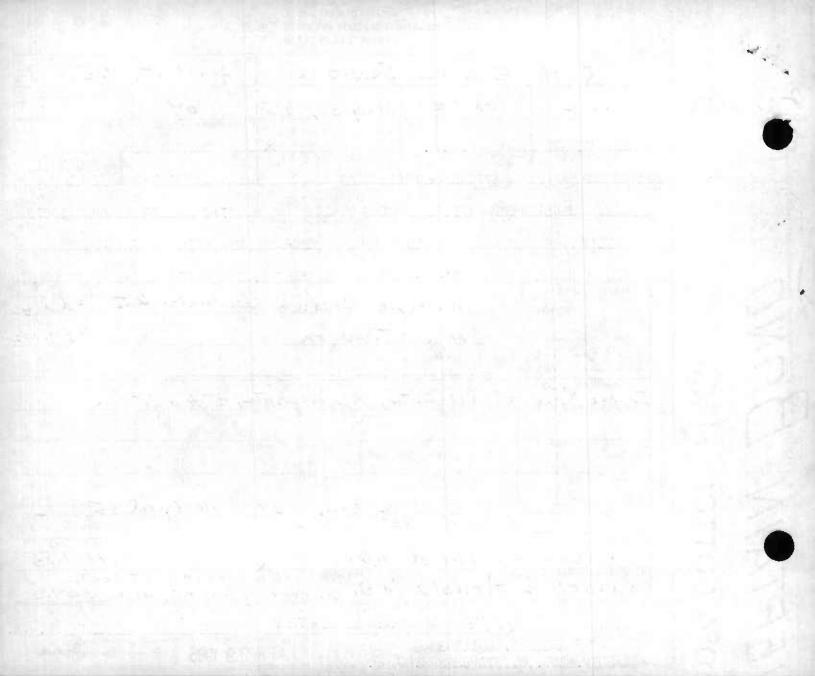


DHMH - 16 50M 4/83

BALTIMORE, MARYLAND 2120

(VRA 15, 4)

DONALD M. STEIN HEBREW MEMORIALS FUNERAL HOME MAY AT THE SECOND BY REGISTRAR 356 REGISTRAR 356 REGISTRAR CARROLL STREET, N. W. WASHINGTON, D.



129044	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL POPICATE OF DEATH	YGIENT REG. N	2 0 8	5			
140041		CEASED NAME FIRST	Robert MIDDIE W	HILLIAM SHAFF	Shafferman	. /	MONTH DAY YEAR	12:40 AM			
setter po	1.58	And the second district of the second of the	White	MON	OF BIRTH H DAY YEAR O 1 10	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	R IF UNDER 24 HRS			
1000		RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRII WIDOW	DENEVER MARRIED DIVORCED	1	GOMERY	MD			
ofter to	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, SUBURBAN	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON 126. KIND	Gov t.			
NO 212	JSU 13a.	AL RESIDENCE IF NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION, GIVE RESID		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		20852			
(B) 3	34. F	William	H. Sh	afferman	15 MOTHER'S MAIDEN N			AST			
MORE.	16a \	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	-07-504	17. INFORMANT Mary Lou S	ADDRI hafferman. S		13.			
RDS, 201 W. PRESTON ST., B. equires that the death certifical in signed by the attending phys. Then please remove carbonpop to burial, cremotion, or removaliqury, ar other traumatic event,	7	7	z	N.	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	, ,	lar accid		days
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES				
SICIAN: SICIAN: Gertifico certifico miol-tro miol-tro frem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MC	NTH DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)				
DING PHY: or ottendia After this se as the bu	ME	WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this has	JAT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC.)	STREET	City OR IC	29 1085	STATE			
ATTEN ospitol ECTOR: d for use 1. of He m 21 is		saw the deceased alive a	11 10 - 11 - 11 1	1085	nd that in (my) (aur) apinio	on death occurred on the d					
0 0 0 0		22d. PHYSICIAN'S NAME ITYPE	M SMUM	1 / M	ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STA	FF A	30/85			
TO HOSPITAL of retained by the TO FUNERAL I should be deto with the Store of IMPORTANT: If	230	James F. /		1230 NAME OF	63/8 DC/	MOCRACY SI	vel, beliesd	a,MD			
BP		Burial	5/2/1985	Gate of	Heaven Ceme	tery Silve	r Spring, Mo	STATE			
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR Jose T 5130 Wisc. AV	oh Gawler's S	ADDRESS D.C.	25 ₀ D	AJE REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNA				

ovet illi tooo

os in

0 i 1

. 100 to 100 M

seour messe, series

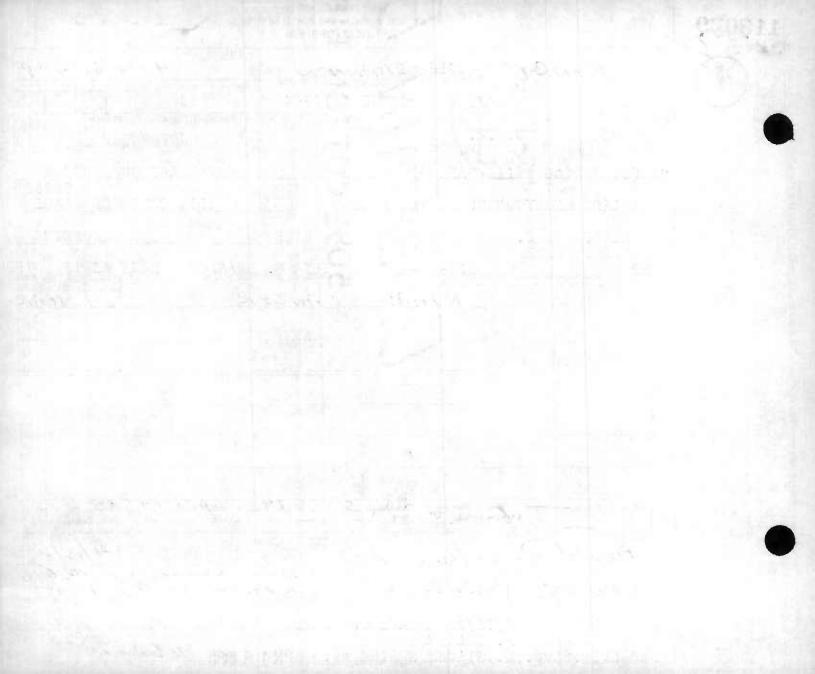
mry for believen. - we wites 17.

unil //14 of common the common the common the common that the common the common that the commo

Jo 1 1 on no.

in the second of
illian H.

500 UNTV. BLVD



106162

	T	A	TE	0	F	A A	R	/1	AN	l
DED A DEMENT	0	E	uc	AI	TI	1 /	R A.I	n	886	ė n

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR 1. DECEASED NAME TYPE OR PRINTS HELEN IF LINDER 1 YEAR & AGE /IN YEARS LAST BIRTHDAY! IF LINDER 24 HRS 901 BALTIMORE CITY OR COUNTY OF DEATH 40NTGOMER VIRGINIA U.S.A 176 KIND OF BUSINESS OR AUDITOR 13e STREET ADDRESS / ZIP CODE 1438 UNIV.BLVD.EAST 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN ADDRESS 5400 BASSETT LANE 17 INFORMANT EXECUTOR I 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 217-32-3260 HELEN DONOGHUE, SILVER SPRING, MD. 20906 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PNEUMON IA 72 IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 78a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM & PART OF PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC ALEXAMINER) P.M 11 LOCATION 716 INJURY OCCURRED 21e PLACE OF INJURY . ITY OF LOWN AT HOME STREET FACTORY OFFICE FARM ETC. NO WHILE 220 1 certify that (1) (this hospital) attended the deceased from... عييم) apinian death accurred on the date and hour and from the causes stated saw the deceased alive on DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS SHOREFIELD DR WHEATON, Md 2309 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY BURIAL 4/8/85 ARLINGTON NATIONAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

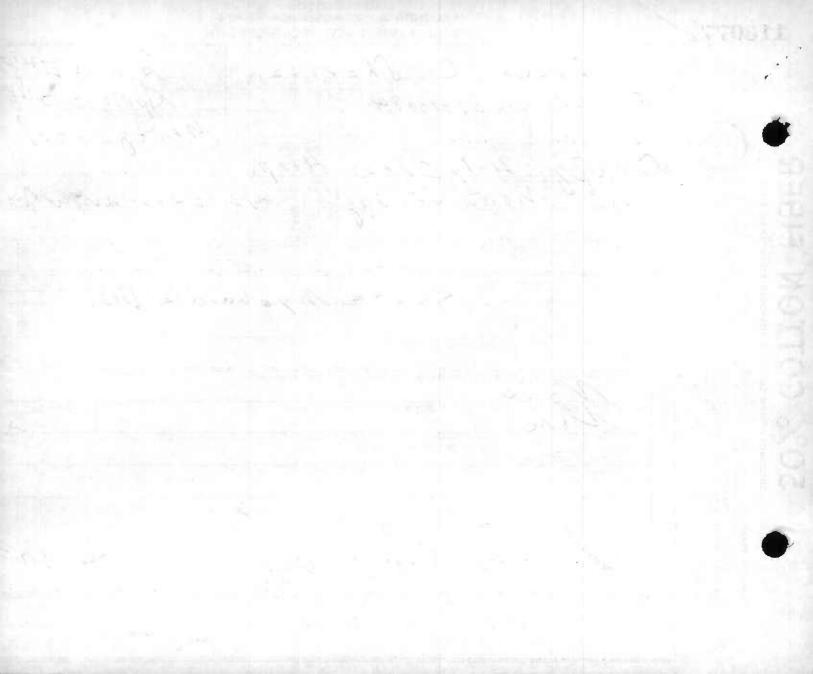
DHMH - 16 50M 4/B3 (VRA 15, 4)

500 UNIV.BLVD., W., SILVER SPRING, MD. 20901





4.4.0.0.000	K	FOR	STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENDAL HYGIE	NE 1 2 0	8 9
1130776	1"	STATE REGISTRAR A	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	
28252E	Çtv	CEASED NAME PHSI	C ME	ridan	OF ESTI-	2001/10 PT 110
AND SARY HE YOUR HISTORY SARY HE	3 SE		21200 8993		PRONOUNCED DEAD * BALTIMORE CITY OF	VI 100 80 115
	WA	SHINGTON, D.C. U.S	MAR WIDO HOSPITAL NURSING HOME, OR OT	WED X DIVORCED THE INSTITUTION TO THE	MENT SUAL OCCUPATION (THE S	Som 128 KEND OF BURDEPT
D N TO S		AL RESIDENCE IN PROPERTY HOME ON OTHER PHETITUTION	W AND RELIGIOUS APPORT ADMITTATIONS	Herby	PRINTERS ASS	T, OF ENGRAVING
AND SECOLO	1	ms mon	DISCOUNTED	YES 1 NO 20/2	105 RYZ	- Inouthe
RE, MO	0	ALEXANDER C.	WORTHINGTON	ELLA	MAE	OWENS
BALTIMORE, MD. S AFTER DEATH GIVE PAGES 1, 2 PAGES 1, 3ND 2 S IVISION OF VITAL		WAS DECEASED EVER IN U.S. ARMED FORCEST VELNO, OR UNKNOWN; I P YES, GIVE WAR OF DATES!	213-16-2903	JAMES H. SA		BETTSWOOD DRIVE Y.MD. 20832
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. WAINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS. TIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEM 18. GETOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PETOR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISTALAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO,	OR AS A CONSEQUENCE OF	Myou	avdial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORD JULD BE EXE PENDING IF MEDICA SED AS A B FE HEALTH A IAI, CREMA	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	NDITION FOR WHICH OPERATION V			20 AUTOPSY?
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WOND "PENDING" PROED TO THE CHIEF MEDICAL ET 3 SHOULD BE USED AS A BUI E DEPARTMENT OF HEALTH AN OT PRIOR TO BURNALI, CREMATI	MEDICAL CERTIF	UNDERLYING OR HOUR CONTRIBUTING CAUSE OF DEATH	P.M. 19	HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PA	YES NO NETT TOR PART 2)
DIVIS WRITIN WRITIN WARDED AGE 3 S ATE DEP	MED		CE OF INJURY (ATHOME. 21f. LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE SIX BATTER DEATH SIX BATTER DEA	2	270. I certify that I took charge of the remains death resulted from Natural causes ACTUAL SIGNATURE	Accident Divicide	Hamicide Under	etermined manner,	DATE SIGNED 11/950
TO MI EXECU PAGE TO FU BATTER	73a F	SURIAL CREMATION REMOVAL 1236 DATE	OGERS 123c. NAME OF CEMETERY	OR CREMATORY 123d. L	LOCATION	ILVER SPRING, MD.
07/84 BP	(BURIAL 4/15/85	GEORGE WAS	HINGTON AD	FIPHT P	RI GEO MD.
DHMH - 17 (VR A15 ME (5))		NAME FRANCIS J. 66	ALLINS SPRING NO 20901	APKT	N REGISTEAR 25h, REGIST	we famous a flower



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

TENDING PHYSICIAN: The law requires that the

ar attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.		
1. DECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TIPE OR PRINT)	MARGARET I	SABEL SHER	MAN		APRIL 22 1	985		11:43 A
J. SEX	4 RACE		5 DATE		6 AGE (IN YEARS LAST BI		IE UNDER I YEAR	IE UNDER 24 HRS
FEMALE			18 1904 YEAR	80 YRS MONTHS DAYS			HOURS MIN,	
BIRTHPLACE (STATE OF FO		WHAT COUNTRY? D STATES	MARRIE WIDOW	ED DIVORCED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
BETHESDA	TH 11. NAME OF	1	HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	ION OF WORKING LIFE		MD. PE BUSINESS OR
USUAL RESIDENCE (IF NURSI 13a STATE VIRGINIA	NG HOME OR OTHER INSTITUTION TO COUNTY FAIRFAX	130 CITY OR TOWN ANNANDAL	1	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4023 JUSTI	ZIP CODE	E 220	0344
4 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			145	
JOHN G	ILMOUR STOC	KMAN		CHRIST	INA CHRÍSTE	ROBEF	RTSON	
160 WAS DECEASED EVER I	N U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS		
NO	(IE TES GIVE WAR OR DATES)	226-62-7	7633	WILSON R.SHE	RMAN, 4023	USTIN	DRIVE.	
18 CAUSE OF DEATH	l (Enter anly ane cause pe			ANNANDALE,				IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (a)	SEPSI	S					
PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UNDIT				NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b. IF YES	, WERE FINDIN	NGS USED
DI I					YES X NO		YING CAUSES	OF DEATH?
OR CONTRIBUTING C	AUSE OF DEATH HOUR A	.M. MONTH DAY	YEAR	21c HOW INJURY OCCURE		RY IN ITEM 18 P.	ART OR PART 2)	
216 INJURY OCCURRI	(AT HOME ST	OF INJURY REET FACTORY, OFFICE FAI	RM, ETC.)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
saw the decease	this hospital) attended to dive on APRIL (d) (did nat) view the bad	22 19 85	APRI	nd that in (my) (aur) apinion (, taAPRIL death accurred an the d	22 ate and have	and from the	
10/	SPI				DIRECTOR PHYSIC	IAN .	22 DATE	APR8
	EBERT, LT, N	IC. USNR		22e ADDRESS NAVAL NATIONAL CAP				
230. BURIAL, CREMATION, R Burial/ Remo	REMOVAL 236. DATE	23¢ N		emetery or Crematory	23d LOCATION CITY OF LOWN Fall Riv		COUNTY	STATE
5130 Wisc.		's Sons I	nc.		E REC'D. BY REGISTRAR	256 REGISTI		

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be detached for use as the burial-transit permit. Then please in the Stiff Dept. of Health and Mental Hygiene prior to burial, cr

marked ar them 18 shaws any injury, ar ath

1).

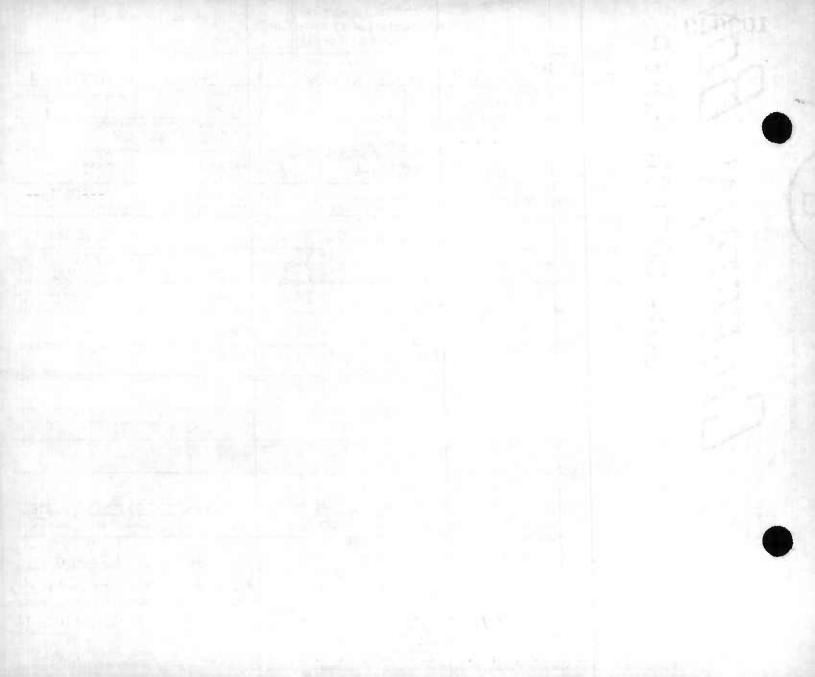
one in the state of the state o

DHMH - 16 60M 7/84

(VRA 15, 4)

24DONAALDIREMTORSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

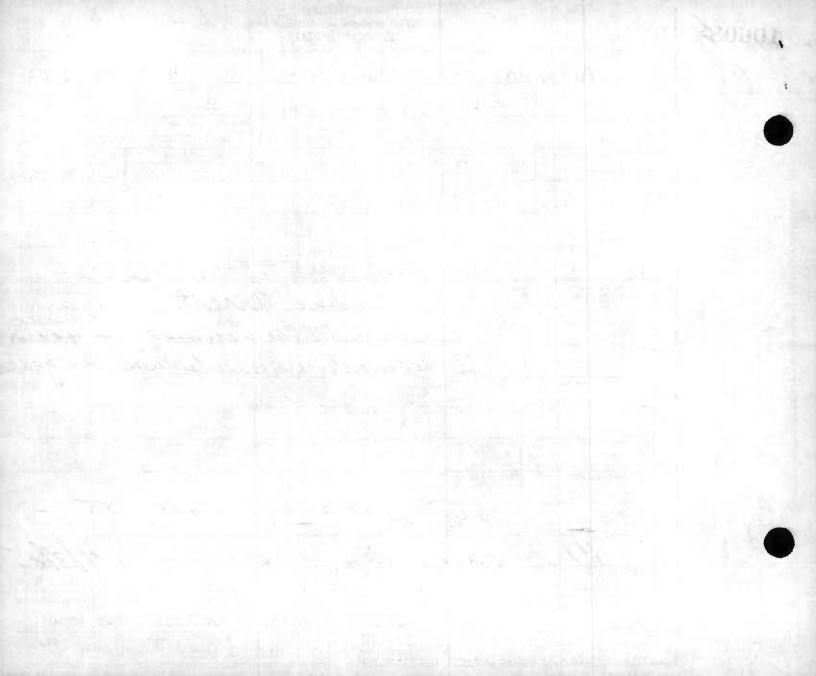
1	1	U	7	6.
1	Sing.	1		

REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	11	AST .	20 DATE OF D		DAY YEAR	26 HOUR
(TYPE OR PRINT) Amar	da A.	SI	mmons		4 -	9-95	12:20A
3. SEX	4 RACE	5. DATE O		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Caucasian	MONTH 5	- 5 - 99	8.5	YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	11100000	D NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
Michigan	United Stat	tes	37	Mont	gomery	County	, M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI			12a USUAL OC			F BUSINESS OF
Rockville	ROCKVIIIe		Home	Financ	e Cler	k Dept.	Defens
USUAL RESIDENCE (IF NURSING HOME OF 136) STATE 136 COUL Maryland Nont		RIOWN	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS 20	850 le Driv	
14 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA				
Not	avai1al	ble	Not	,	MIDDLE	availa	ole -
160 WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT Daug	hter	ADDRESS		
(YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 398 (05 3697	Dorothy J.	Ford	Same	as item	1 1 3
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION	DUE TO, OR AS COMES (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W	COUENCE OF COUNTY BUT I	postic Carden	20a AUTOPS	Y2 206 IF Y	TO THE STATE OF TH	4GS USED
00.000.000.000.000.000.000.000.000.000	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	PED (ENTERNATUR	E OF INJURY IN ITEM I	B PART I OR PART 2}	
OK CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE!	21e. PLACE OF INJURY (AT HOME STREET FACTORY OF	FFICE FARM ETC)	211 LOCATION STREET		ITY OR TOWN	COUNTY	
A1 17 9/18							STATE
22a I certify that (I) (this hospi sow the deceased alive an above, (I) (Control (did no 27h SIGNATURE) 22d PHYSICIAN'S NAME (TYPEC	of) view the body after death.	19.85, on	d that in (my) (opinion of the property opinion of the property opinion of the property opinion opini	MEDICAL DIRECTOR [STAFF PHYSICIAN []	72. DATE	that (I) (
22a I certify that (I) (this hospi sow the deceased alive an above, (I) (Control (did no 27h SIGNATURE) 22d PHYSICIAN'S NAME (TYPEC	OF PRINT! G. Hall, M.I	19.85, on	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [staff PHYSICIAN□ y Ave.	72. DATE	that (I) (

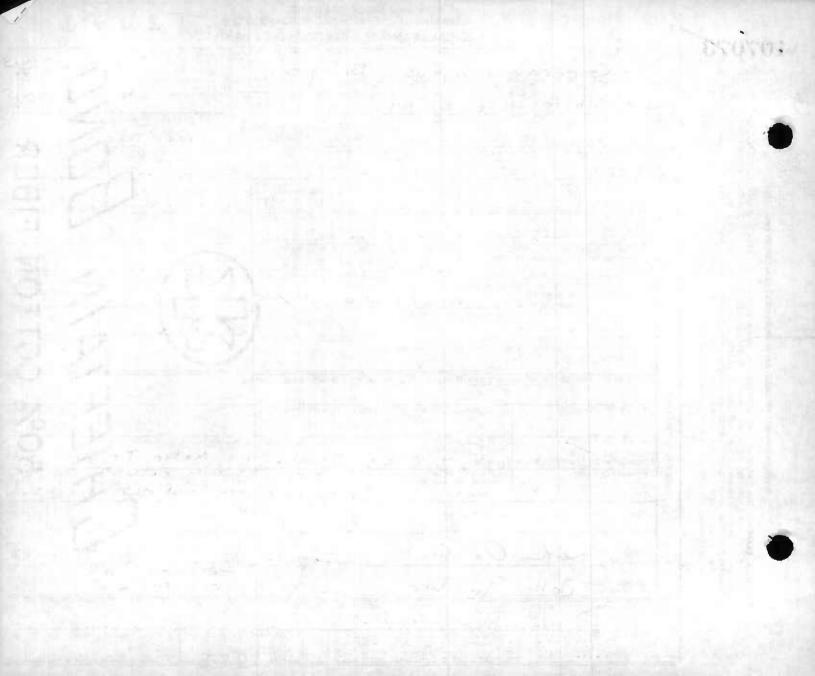
DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os with the Stote Dept of Health

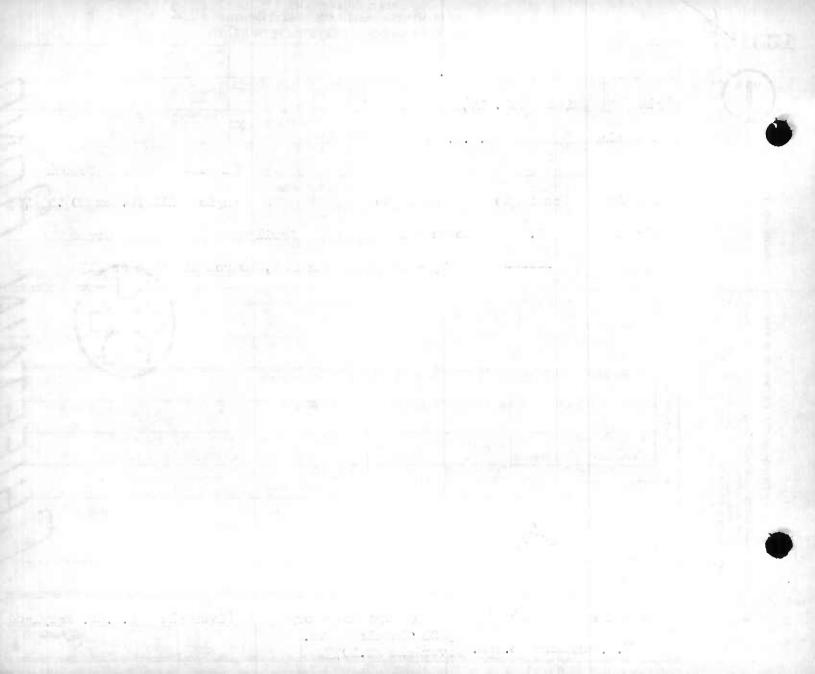
24 FUNERAL DIRECTOR RALDIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., ROCKVILLE, MARYLAND APR 1 1 1985



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGENE - STATE DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SIM PSONI J 6010 IF UNDER 24 HRS SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED Male DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington, DC United States WIDOWED L DIVORCED LOSOWEL O. CITY OR TOWN OF DEATH Bethesda Engineer Bethesda Train Station 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE 136 COUNTY 13c CITY OR TOWN NO IX 5600 Lone Oak Drive/20814 Maryland Montgomery Bethesda 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Aloysius George Simpson, Sr. Lillian Adams INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Marion M. Simpson, same Yes 579-36-2032 Korea as 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: 1N JURIES IMMEDIATE CAUSE (a) Multiple DUE TO, OR AS A CONSEQUENCE OF Severe. Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI YES [NO X 10 13P.M. 4 - 8 198 219 EXTERNAL CAUSE WAS 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING 108> CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK and OLD GEORGE Metro EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGAFER DEATH, WITH THE STATISHOPE, MARYLAND, 2128 22a. I certify that I took charge of the remains described above, held an and in my opinian Suicide . death resulted from: Notural couses Accident Homicide Undetermined monner TITLE (SPECIF ACTUAL DATE EXAMINER'S NAME 8218 W 13CONSIN ANR 23c. NAME OF CEMETERY OR CREMATORY COUNTY Buria1 Mt. Olivet Cemetery 985 Washington 07/84 25M 24 FUNERAL DIRECTOROBERT A. Pumphrey Funeral **DHMH** - 17 Homes, P.A. Bethesda, Maryland 20814 (VR A15 ME (5))



STATE	Jam 4 RACE White	5. DATE OF BIRI	7.1966 WHAT COUNT	6. AGE (IN YEARS IF U LAST BIRTHDAY) MON	OWYONSKI NDER 1 YR. IF UNDE	DEATH A	AATED XX 4/	21/ 19 8: H DAY YEA	
Male BIRTHPLACE FOREIGN COUNTR GUATEMA CITY OR TOW Beth BUAL RESIDENCE STATE	4 RACE White (STATE OR () La N OF DEATH	5. DATE OF BIRI	7.1966 WHAT COUNT	6. AGE (IN YEARS IF U LAST BIRTHDAY) MON	NDER 1 YR. IF UNDE	DEATH A	MATED XX 4/	21/ 19 8	5 ,
Male BIRTHPLACE FOREIGN COUNTR GUATEMA CITY OR TOW Beth BUAL RESIDENCE STATE	White	Feb. 1'	7.1966 WHAT COUNT	19 YRS.		MIN PRONOUNC	ED	H DAY YEA	
BIRTHPLACE FOREIGN COUNTR GUSTEMS. GUSTEMS CITY OR TOW Bethous RESIDENCE STATE	STATE OR 1) La N OF DEATH	76. CITIZEN OF	WHAT COUNT	19 YRS.		DEAD			6:00
GUATEMA CITY OR TOW Beth GUAL RESIDENCE STATE	La NOF DEATH	U.S		RY?		DEAD	4/	26/ 198	5 P »
Beth Bual residence STATE	OF DE ATH	U		MAR	RIED NEVER MARE	RIED SON P BALTIMO	RE CITY OR COU	NTY OF DEATH	-
Beth WAL RESIDENCE STATE			S.A.	WIDO	WED DIVOR	CED 🗆 Monto	gomery Co	ounty,	JM.
UAL RESIDENC	_	11. NAME OF H	OSPITAL, NUR	SING HOME, OR OT	HER INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKIN		K 126 KIND OF OR INDU	BUSINESS
STATE	esda		ban Hos			Student	40 LIFE/	Schoo	
	E (IF IN NURSING HO	ME OR OTHER INSTITUTION	, GIVE RESIDENCE B	OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		900	190
Irginia		shington		nington	YES NO W			ch 60 5	5785
FATHER'S NA					15. MOTHER'S MAID	FN NAME			1/21
_					1.0.0		DLE	_	
. WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?			17. INFORMANT	TAU	ADDRESS	Crane	
	HOWN) (IF YES,	GIVE WAR OR DATES)	027	06 7700		(I)	G .	1/2 0	
	OF DEATH (F-)				Frank S.	Skowronski	Same As		A VE INIVERNAL
PARTI	DEATH WAS CA	ranty and cause per l JSED BY:							ISET AND DEATH
810	L IMME								400
Candit	one if any w		OR AS A CONS	SEQUENCE OF				17.1	
gave	rise to immed	iate / (b)							
		DUE TO,	or as a cons	EQUENCE OF				1 /	
		(c)						- /	
	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TH BUT NOT RELAT	ED TO THE TERMINAL DISE	SE OR CONDITION GIVEN IN P	ART 1 o			7
19a. DATE C	F OPERATION	19h CON	DITION FOR W	HICH OPERATION	WAS PERFORMED?			20 ALITOPS	Y2
2									
210 EXTER	AL CAUSE WAS	21h TIME	OF IN ILIRY	71. 1	OW INITIDY OCCUPA	ED SENTER MATTIRE OF THE	NAME OF THE PARTY		NOX
UNDERLYIN			KX MONTH	DAY YEAR				· ·	
CONTRIBU						wnea wnile	SWIMMIN	9	
WHILE		STREET 6		.)	STREET				STATE
AT WORK	AT WORK	250	water	Po	tomac River	Below Fal	ls, Mont	g. Co.,	Md.
220. I ce	tify that I taak c	narge of the remains	described abov	e, held an Auta	psy . Inspection	an X Inquiry	and in my	apinian	
death resu	Ited fram: N	atulo Leguses .	Accident	X Suicide	Hamicide .				
		1)/							
ACTUAL	/	121			1	T MEDICAL EVALUE	DAT	E 4/27/	85
					**************************************	MEDICAL EXAMIN	NEK SIGI	NED 3/27/	-00
EXAMINER (TYPE OR P	SNAME GI	regory R.	Kauffma	n. M.D.	ADDRESS 13	ll Penn St.			
BURIAL, CREA									
	ion	4/29/85	Cr	nambers Cr	ematory	Riverds			rvland
WEDICAL CERTIFICATION	FATHER'S NAAFREST FRANK FRST FRANK WAS DECEAS IYES, NO OR UNKN NO 18 CAUSE PART I E Conditing gave cause (c) lying cc 190. DATE C 190. DATE C 190. DATE C 210. EXTERN UNDERLYIN CONTRIBUI 210 INJURY WHILE AT WORK 270. I cer death resu ACTUAL SIGNATURI EXAMINER' (TYPE OR PF BURIAL CREM (SPECHY) C TOMAT FATHER'S NAME FREST FYENTAL WAS DECEASED EVER IN U.S. IYES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I DEATH WAS CAI IMME Canditions, if any, wh gave rise to immed cause (a) stating the uni lying cause lost. PART 2 OTHER SIGNIFICANT CONDITI 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE WHILE AT WORK AT WORK 22a. I certify that I took of death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) GT BURIAL, CREMATION, REMOVA (SPECIETY) C TOMMETION FUNERAL DIRECTOR	FATHER'S NAME FREST FRONK S. S. S. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter anly ane cause per learning to the cause of the cause (a) stating the underlying cause last. Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause (a) stating the underlying cause last. Canditians, if any, which gave rise to immediate cause (a) Enterlying the underlying cause (a) stating the underlying cause last. Cause (a) stating the underlying cause (b) Enterlying to the cause (c) Enterlying to the cause of the remains of the cause of the	FATHER'S NAME FIRST FROM S. SKOWTON: WAS DECEASED EVER IN U.S. ARMED FORCES? IVES. NO. OR UNKNOWN) IIB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), RART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CONTRIBUTION FOR WAS ACCIDENT. 210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. IMPORTANT ON THE CONTRIBUTION FOR WAS ACCIDENT. 210. INTRIBUTION TO THE CONTRIBUTION FOR WAS ACCIDENT. 211. TIME OF INJURY STREET, FACTORY, FARM, ETC. WHILE AT WORK 212. I CERTIFY THAT I TOUR TO DEATH BUT NOT RELATE CONTRIBUTION FOR WAS ACCIDENT. 212. I CERTIFY THAT I TOUR TO THE CONTRIBUTION FOR WAS ACCIDENT. 213. EXPERIENCE TO THE TOUR TO THE CONTRIBUTION FOR WAS ACCIDENT. 214. EXPERIENCE TO THE TOUR TO THE CONTRIBUTION FOR WAS ACCIDENT. 215. TIME OF INJURY STREET, FACTORY, FARM, ETC. WHILE AT WORK 216. TIME OF INJURY STREET. 217. EXPERIENCE TO THE TOUR TOUR TO THE TOUR TO THE TOUR TO THE TOUR TO THE TOUR TOUR TO THE TOUR TOUR TOUR TO THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	FATHER'S NAME FREST FYENK S. SKOWYONSKI LWAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Drowning Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA 190. DATE OF OPERATION 190. DATE OF INJURY HOUR AND MONTH DAY YEAR 4: 40 p.m. 4/ 21/19 85 110. EVERTICAL CAUSE WAS WATER 110. EVERTICAL CAUSE WAS WATER 111. LOST STREET, FACTORY, FARM, ETC.] POPULATION 112. LOST STREET, FACTORY, FARM, ETC.] POPULATION 113. LOST STREET, FACTORY, FARM, ETC.] 114. LOST STREET, FACTORY, FARM, ETC.] POPULATION 115. LOST STREET, FACTORY, FARM, ETC.] POPULATION 116. SOCIAL SECURITY OF THE TERMINAL DISEA 117. LOST STREET, FACTORY, FARM, ETC.] POPULATION 117. LOST STREET, FACTORY, FARM, ETC.] 118. LOST STREET, FACTORY, FARM, ETC.] 119. LOST STREET, FACTORY, FARM, ETC.] 110. LOST STREET, F	FATHER'S NAME FYARK S. SKOWTONSKI MATI WAS DECEASED EVER IN U.S. ARMED FORCES? IVES. NO. OR UNKNOWN) IVES. NO. OR UNKNOWN IVES. NO. OR	FATHER'S NAME Frank S. Skowtonski Marilyn Marilyn Marilyn Marilyn Marilyn Marilyn Marilyn Marilyn 15. Mother's Maiden Name Marilyn Marilyn 16. Skowtonski Marilyn 17. Informant Frank S, Skowtonski 18. Scause of Death (Enter only one couse per line for (a), (b), and (c).) Part I Death Was Caused by. Modern Conditions, if ony, which gave rise to immediate couse (a) storing the underlying couse lost Conditions, if ony, which gave rise to immediate couse (a) storing the underlying couse lost (c) Part 2 other significant conditions contributing to Death but not related to the terminal disease or condition given in Part 1. o. 18. Date of operation 19. Condition for which operation was performed? 19. Condition for which operation was performed? 19. Condition for which operation was performed? 21. External cause was Underlying Or Contributing Cause of Death 4: 40 m. 4/21/19 85 subject drowned while 21. Injury occurred while Street, Potomac River Below Fall 21. Accident X. Suicide Homicide Undetermined man autopsy Inspection X. Inquiry death resulted from: Notwick powers Accident X. Suicide Homicide Undetermined man Itle (Specify) ACTUAL SIGNATURE EXAMINER'S NAME Accident X. Suicide Homicide Undetermined man Title (Specify) ACTUAL SIGNATURE Accident X. Suicide Homicide Undetermined man Title (Specify) ACTUAL SIGNATURE Accident X. Suicide Homicide Undetermined man Title (Specify) ACTUAL SIGNATURE Accident X. Suicide Homicide Undetermined man Autopsy Inspection X. Inquiry Cremention Accident X. Suicide Homicide Undetermined man Title (Specify) ACTUAL SIGNATURE Accident X. Suicide Homicide Undetermined man Autopsy Accident X. Suicide Homicide Undetermined man Autopsy Accident X. Suicide Homicide Undetermined man Autopsy Accident X. Suicide Homicide Yellow Death Process Accident X. Suicide Accident X. Suicide Accident X. Suicide Accident X.	FATHERS NAME PROTE FRANK S. SKOWTONSKI IS MOTHERS MADEN NAME MARILYN ADDRESS FRANK NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDING TO BEAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I is 180. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CONTENDING MARINE SIREE, RACTORS, (A) HOUR AT WORK AT WORK AT WORK TIPE OF NOTHING 210. INJURY OCCURRED 211. EXTERNAL CAUSE OF DEATH 212. EXTERNAL CAUSE OF DEATH 213. INJURY OCCURRED 214. INJURY OCCURRED 215. INJURY OCCURRED 216. PLACE OF INJURY (A) HOUR STREET, RACTORS, (A) HOUR AT WORK AT WORK AT WORK AT WORK TIPE OF NOTHING ACCUAL SIGNATURE EXAMINER'S NAME ITTEL (SPECIEY) ACCIDIANT ACCIDANT CHARGES 131. SMOTHER'S MADEN NAME INDURY OCCURRED 14. ONOT WHILE ACCIDAL ACCIDAL ACCIDAL CREATER OF INJURY (A) HOUR ACCIDAL ACCIDAL SIGNATURE EXAMINER'S NAME ITTEL (SPECIEY) ADDRESS 111 Penn St. 126. DATE OF DRIVE PROCESS 127. DATE PRICE DE BY REGISTRAL TO PROCESS 128. DATE PRICE DE BY REGISTRAL TO PROCESS 129. DATE PRICE DE BY REGISTRAL TO PROCESS	FATHERS NAME FROM FROM FROM FROM FROM FROM FROM FROM	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE - STATE 102136 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 0220 arme 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH MONTH YEAR 1913 WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH PE BIRTHPLACE CSTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MOUTEOMER. MARYLANI WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROCKVILLE Grove FARMER ud ventist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20837 1135 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE POOLESVILLE NO X 18000 WHITES FERRY RO MONTG EATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 0 ADDRESS 23711 SLIDELL RO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN) FIF YES, GIVE WAR OR DATEST GLARKS AURG Md. VEC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per Me for (o), (b)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10). Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR A underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INFORMATION CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY LIEM IS PART 1 OR PART 21 HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital), attended the deceased inpr and that in (my) (and opinion death occurred on the date and hour and from the causes stated the deceased alive on. obote, (1) (we) (did not) view the body ofte DEGREE 22c DATE/SIGN ATTENDING ! MEDICAL -STAFF PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME ITYPE OR PRINT should be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 236. DAT CITY OR TOWN RESTHAUEN FREDERICK P.O. BOX 86 DHMH - 16 50M 4/83 BARNESVILLE MD 2083 &PR () (VRA 15, 4)

202136 MARLE AND MONTHS POLICE OF THE MINE OF THE HALL AND THE PARTY WELLS GOLDANY! West two commences and the second of the sec The many of the second of the second of the A THE SOLD BOTH SOLD STATE OF THE SOLD STATE OF

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR REG. NO L DECEASED NAME 2n DATE OF DEATH 2h HOUR (TYPE OR PRINT) 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) SELINDER LYEAR IF UNDER 21 HRS September 9,1908 Female. Plack. 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR EOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED South Carolina United States Prince Georges DIVORCED IX WIDOWED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF Washington Adventist INDUSTRY Takoma Retired Social Worker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 102 Beltin Rd. Silver Springs X M.D. Mont. NO F IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LAST Ira Gary Annie Gary 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 68 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 219-36-2166 Robert Preston Smith Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: EBEBROVASCULAR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from MARC sow the deceased alive or APRIL and that in (my) (ass) opinion death occurred on the date and hour and from the causes stated we, (1) (was) (did) (did not) view the body after death DEGREE 22c DAZE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Burial Removal 18April 85 Westside Cemetery Anderson South Carolina 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR SISIGNA ACHO

DHMH - 16 50M 4/83 (VRA 15, 4)

00

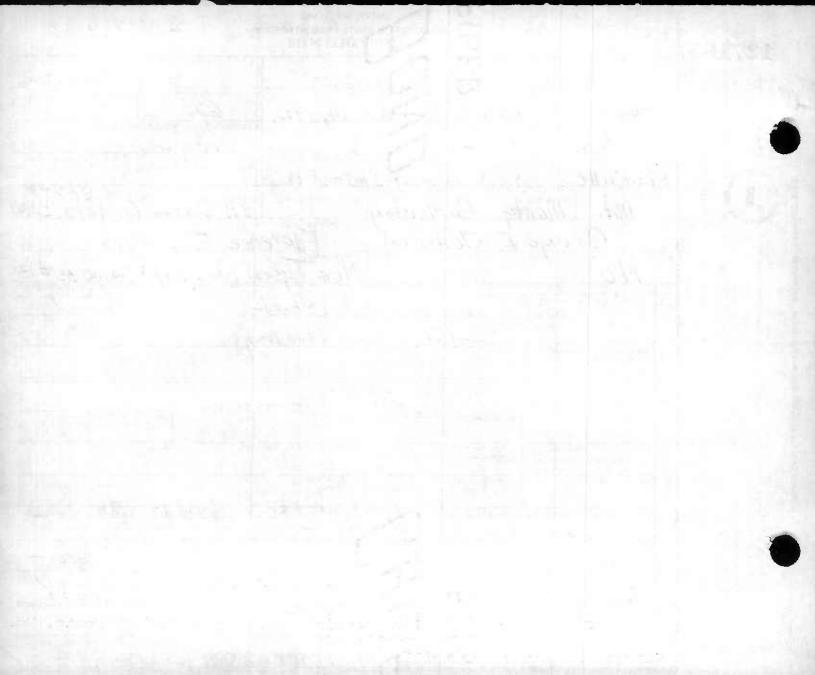
0

WPORTANT:

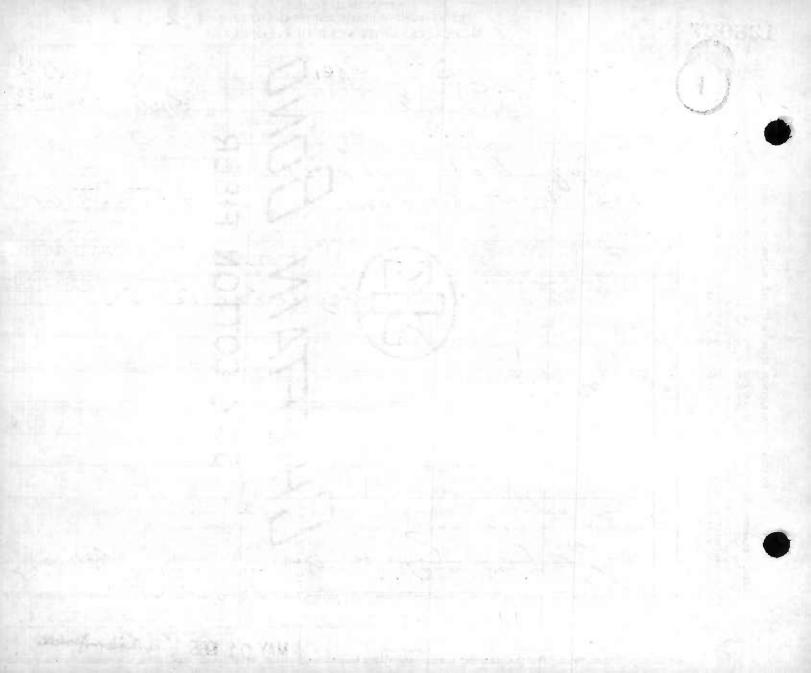
DIVISION OF VITAL RECORDS,

COLUMN TO THE REAL PROPERTY OF THE PROPERTY OF office that seem with the seems of the property of the ALBERTAIN, AT TAKEN IN SORE THIN IN THE COLUMN THE COLU AND THE STATE OF T

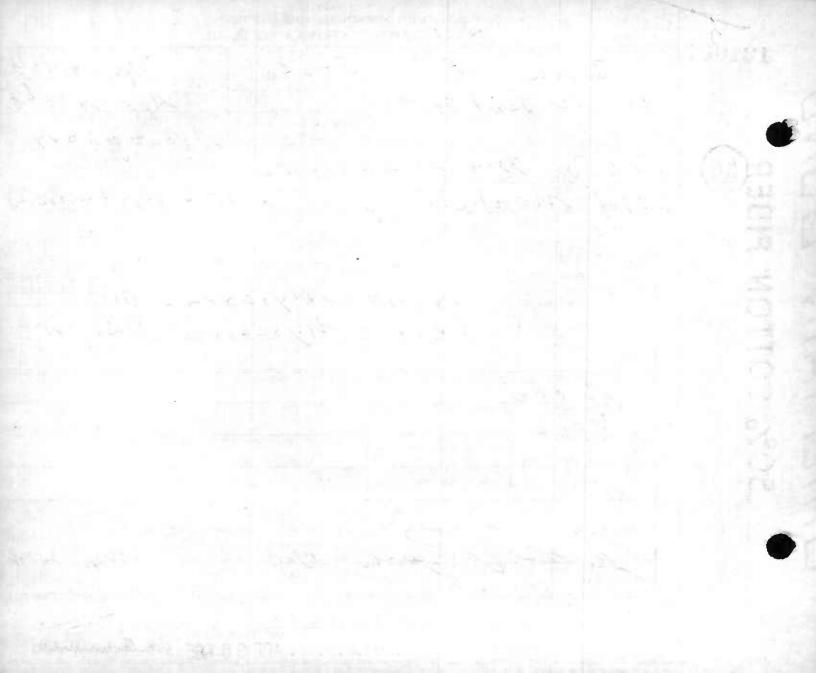
	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APPLY GIENE	9 8
AOMACE	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	
127165	I DE	CEASED NAME FIRST	REG. NO. MIDDLE LAST Zo. DATE OF DEATH MONTH DA	Y YEAR 76 HOUR
0 65		OR PRINT)	1 6 - 20	7 85 1250 AM
oy be death	2.00	mary	4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER I YEAR IF UNDER 24 HRS.
Mer. p	3. SE	`E 010		ONTHS DAYS HOURS MIN.
age age		remale	BIACK Dec. 14, 1922 62 YRS	
oth. P		RTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY C	OF DEATH
ab all a		IIId.	4, S.H. WIDOWED DIVORCED WONTGOMER	MD.
Page 1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)	12% KIND OF BUSINESS OR INDUSTRY
201	L	DeKville	Shady Grave AD ventist Nosp	
ost be	130	STATE 136 GOUN	NTY 130 STREET ADDRESS / ZIP CODE	20878
\$ 50		111d. 1110	inta Carthersburg YES NO 811 Quince C	Irchard Blua
RYL 4.2	14. F/	ATHER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN NAME	LAST
maked w		George	e E. JOHNSON Florence E. Dig	95
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed with the house that this certificate has been signed by the ottending physician and complete this certificate has been signed by the ottending physician and complete that this certificate has been signed by the ottending physician and complete that has a straightful that the prior to be provided by the original physician prior to buriol, cremotian, or removal. The complete that the provided physician provided physician provided physician provided physician provided physician ph		VAS DECEASED EVER IN U.S. AR YES, NO, OR YNKHOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1.17
FIIMO		NO	Nova 1450N (daughter) 3	Same AS#13
SALI orte oppers orl.		18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Triffic rtriffic pon po emo		PART I. DEATH WAS CAUSE IMMEDIAT	TECAUSE (0) Condiac arest, Shock	immed
ON Signature of the central of the c		BOX COLUMN	DUE TO, OR AS A CONSEQUENCE OF	
deat deat		Conditions, if any, which	1 10 Castrointes that bleeding	
the remo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
hot the the case record cream.		underlying couse lost.	(c)	
gned on plea	1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	V IN PART IIO
PRDS, 2	o N	Restrictiv	c cardiomy onathy Emphyseum	
VITAL RECOR	CERTIFICATION	190 DATE OF OPERATION		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: The I ng physicion. The I ng physicion. I ne certificate hos priol-tronsir per cental Hygiese them 18 shows.	E		YES NO YES	NO
Mysic hysic		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The same of the state of the same of the s	T I OR PART 2)
SICIA plag pl certif priol-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 19	
PHYSIC ending this cert is bricel ad Mention dar Iten	AED	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME STREET, EACTORY, OFFICE, EARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
DIVISION DING PHY or offer this After this but of the b	1	AT WORK NOT WHILE AT WORK	1 1 - 1 - 1 - 1 - 1	0
TENDI ital or OR: A or use f Heal	-		to 1) attended the deceased from 15 10 10 10 10 10 10 10 10 10 10 10 10 10	hot (I) (we) lost
No + 1 0 H		sow the deceased alive on above, (I) (van (da)) (did-ne	My view the body after death.	and from the couses stated
OR AT OR AT DIREC oched f Dept. of f ttem?		226. SIGNATURE	DEGREE	221. DATE SIGNED
AL I H		Roller W.	MULLICE WILL STAFF PHYSICIAN DIRECTOR PHYSICIAN	4/24/85
HOSPITAL med by th FUNERAL uld be dett hthe Store ORTANT:		224 PHYSICIAN'S NAME TYPE C		is bur uld
		Kobert Will	man und 15 Edeer Park Dr Gaittle	20877
O 5 0 5 8 8	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY - COUNTY
BP		Burial	5-3-85 Ash Memorial Cem. Sandy Spring	Montg, Md
DHMH - 16 50M 4/83		UNERAL DIRECTOR	246 N. Washington 250. DATE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	C	George R. Sno	wden Rockville, Md. 2085014 02 1985 Julia Javid	son-Pandelle "



		R					STATE OF A		2	0.0	3 0	
13	36027		FOR STATE REGISTRAR		ME	DICAL EXA		I AND MENDAL I CERTIFICATE (DF DEATH	REG. NO.	7 7	
/		I. DE	CEASED NAME E OR PRINT)	BERN	ICE	S.	0	SPEIGE	1 OF	KNOWN A MOI ESTI- H MATED	TH DAY YE	25 HOUS
0 -	PAST STATES) sp	EMALE "	"WHITE	DEC. 23,	1914	70 PARS STATE	DER THE UNDER	PRONOI	JNCED ₀	3 G 19 2	AR 28 HOUR
	NA SERVICES	Í	RTHPLACE (STATE			.S.A.	WIDOW			20nd		V P MD
	PAGE ALLED	10	DY, 6	Spg.	(IF NOT IN SUCH F	UCV	CUS /	YOSP	SCHOOL		SCHOO	
. 21201	AND 3 RETAIN PECOND	13a. S	MI	THE COUNT	rother institution, G	132 CITY OR TO	WAZJE	134 INSIDE CITY LIMITS?	13. STREET ADD	RESS F=-20	815-11	24.
RE, MD	H-189750		CHARLES		WIDDIE	SILVERM	W	SADTE	DEN NAME	MIDDLE RO	THBLATT	
ALTIMO	H FORM	16a V	VAS DECEASED I	(IF YES, GIVE V	MED FORCES? WAR OR DATES)	16b. SOCIAL SE 022-14-		BERT S	ILVERMAN,	1705 HAM		REEN
RDS, 201 W. PRESTON ST	JUD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM I F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE. IL, CREMATION, OR REMOVAL.		gave rise cause (a) st lying cause		(b) DUE TO, OR	R AS A CONSEQUE AS A CONSEQUE BUT NOT RELATED TO T	NCE OF	E OR CONDITION GIVEN IN P.	ART I (a)	(z V		
DIVISION OF VITAL RECORDS,	E SHOULD BE EXE WORD "FENDING E CHIEF MEDICA BE USED AS A BU SHOTOF HEALTH A BURKAL, CREMA	CERTIFICATION	190. DATE OF O	1 one		TION FOR WHICH		AS PERFORMED?			20 AUTOR	A. A.
DIVISION OF	REPERTING THE REPERTING THE REPERTION THE DEPARTMENT TO THE DEPARTMENT TO THE DEPARTMENT TO THE DEPARTMENT TO THE DEPARTMENT THE DEPARTMENT TO THE DEPARTMEN	MEDICAL CE	UNDERLYING CONTRIBUTING 21d INJURY OC WHILE	OR G CAUSE OF D	HOUR A.A DEATH P.A 21e PLACE	M. MONTH DAY	YEAR 19 DME, 21f. LO	CATION TREET	CITY OR		COUNTY	STATE
•	CAL EXAMINER: IT THE CERTIFICATE, SHOULD BE FORW RAL DIRECTOR: P. ATH, WITH THE ST. RE, MARYLAND, 2			that I taak charge	e of the remains de al causes	Accident .	Suicide M	Hamicide TITLE (SPECIFY)	Undetermined	manner ,	y apinian	36
	TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO			ON, REMOVAL 23	3b. DATÉ		OF CEMETERY O	ADDRESS	STIVER SP		VI AND	STATE
07/84 25M	DHMH - 17 (VR A15 ME (5))	24 F.	BURTAL PORALDEM 232 CARR		5/2/1985 HEBREWORM ET, N. W			HOME 250. DATE	ADELPH REC'D. BY REGISTE 1 0 1 1985	RAR 251 REGISTRAF	S SIGNATURE	, MD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEDITAL BYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN James DECEASED NAME S. Staful 20 DATE (TYPE OR PRINT) ESTI-DEATH MATED SEX 6 AGE (IN YEARS IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 YR. 20 DATE MAI'AN. PRONOUNCED 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY Greece USA DIVORCED DI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 26 KIND OF BUSINESS OR INDUSTRY Restauranteur Retired SUAL RESIDENCE (IF IN JORS OF HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30. STATE 13d. INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Stavros Stafuleras Argetta Koinari 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO None None THE YES GIVE WAR OR DATEST 577-40-9959A Erma Staful (Daughter) Same as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ATE. WRITING THE WORD. PLATE.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOURTED TO THE CHIEF MEDICAL EXAMINER MALCOURTED TO BROTAL THE AND THE STATE DEPARTMENT OF HEALTH AND MENTAL HEGENE, DATE OF THE STATE DEPARTMENT OF HEALTH AND MENTAL MEMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (q. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERT DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Suicide Undetermined manner Natural causes Hamicide TITLE (SPECIFY) MEDICAL EXAMINER AMINER'S NAME John S. Rogers MD 1919 Seminary Rd.S.S.Md TYPE CIR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial STATE 4/27/85 Parklawn Cemetery Rockville Mont. Md. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. APR (VR A15 ME (5))



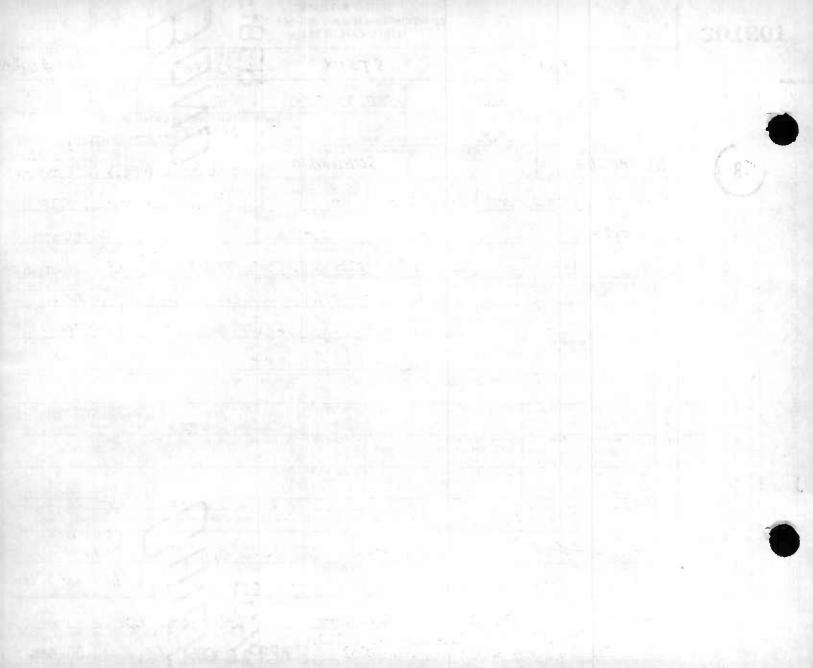
121142				STATE OF MAR		0 1 4	101	
M	FOR STATE		DEPAR	TMENT OF HEALTH AI		IENE		
-	REGISTRAR			CERTIFICATE O) F DEATH	REG. NO		
	1. DECEASED NAME	FIRST	WIDDLE	LAST		20 DATE OF DEATH MON	TH DAY YEAR	25 HOUR
2 20		KOBER	T Edwar	d STAN	JT	1 4	124187	12,25PM
2(26)	3. SEX	4	RACE	5. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Mala		White	8 2	2 32	52	YRS	Mid.
A 52 8/m	To. BIRTHPLACE (ST	ATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTR	Y? I MARRIED NEV	EP MARPIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
E 27 4	DC		NSA	WIDOWED	DIVORCED	Montgomery		MD.
	ID CITY OR TOWN O	OF DEATH	NAME OF HOSPITAL, NUR 1 NOT IN SUCH FACILITY, GIVE STR	SING HOME OF OTHER	INSTITUTION	120 USUAL OCCUPATION	125 KIND O	OF BUSINESS OR
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TAKOMO	rough	WASHINGTON AT	DVENTIST HOS	SPITAL	Computer Anal	Pust Stan	Bureau of
18 18	USUAL RESIDENCE	IF NURSINGHOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEF		DE CITY LIMITS?	13e.STREET ADDRESS / ZII	2	att title
2 3 AL 18 BY	Marylan	1 1 4	. 1/	ington YES [NO [3511 Kent	st. Sea c	20895
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FATHER'S NAME		9		HER'S MAIDEN NA	ME		
200 H/50	FIRST	Unbac	IDDLE LAST		Ruth	WIDDLE	Unknown	
	16e WAS DECEASED	EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFO	RMANT	ADDRESS		
A: 11	YES, NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	0183 Wife	iam A Ca	in Signature	8712 Manche	ister ka.
			one cause per line for (a), (b)	and ici	A. S.	01 1-	DAP ROX	DMATE INTERVAL ONSET AND DEATH
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PART I. DE	ATH WAS CAUSED	BY. [] [] []	wellar	- Filin	Stateres	S	7/1/16
N N D D D D D D D D D D D D D D D D D D		IMMEDIATE	0	TIENES OF	A	. 10	1 5	*
S S tree state of the state of	Conditions	f any, which	DUE TO, OR (SA CONSEC	o nusa	can al	M John Come	Tien 30	mu
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gave rise t	a immediate	(6)	Augston =0	1	Conscion	4 OriVas	
×3 1 1 1 1 1 1		cause last	DUE TO, OR AS A CONSEC	TOTAL OR	Clusia	or When Vo	HA I	30 min
20 de	PART 2 OTHE	R SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO THE TERM	IN ALD FASE OR CONDIT	ON GIVEN IN PART 110	a ·
3 3 3 3 3 3	Z O		V			0		
o di di di	NO DATE OF C	PERATION	196 CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED		b. IF YES, WERE FINDIN	
11 1011	H H					YES NOT	YES	NO [
S NA SOLD OF THE CO.	21a. ACCIDENT	VAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH		W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 21	
P CAN FOR	OR CONTRIBUTION	IG CAUSE OF DEAT	P.M.	19				
S S T T T T T T T T T T T T T T T T T T	OR CONTRIBUTION (IF EITHER, NOT 21d. INJURY O	CCURRED	21e PLACE OF INJURY	21f LOC	ATION	CITY OR TOWN	COUNTY	STATE
And Prost	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME STREET, PACTORY OFFI	E. PARM EIC)	-/	1/- >	Cul	
D A S S S S S S S S S S S S S S S S S S	22s I certify t	hat (1) this hospite	al) attended he decepsed fram	0/1/1/	19 / 6		19 05	that (I) (ye) last
TTEN Pital TOR Torus of H	saw the	ecequedrolive on_	view the body after death.	and that	(my) our) opinion	death occurred on the date o	and have and from the	couses stated
hos hed hed hed hed hed hed	226/SIG VATO	RE	Va	DEGREE			21c 19/41	SIGNADIA
the Detach	(AV)	In S	V sumales	MIT	ATTENDING PHYSICIAN	MEDICAL STAFF	10 4/5	24/89
ZER SPIT	22d PHYSICIA	N'S NAME TYPEOR	RINT) DALLA OD	120-ADT	THESS		17	1/3
TO HOSPITAL Of POSPITAL Of POSPITAL OF Should be deto-with the State Elimporary.	MUH	NIR	EKMHIHO	ND 10	212 Canta	to America		
○ 등 6 분 및 ▼	230. BURIAL, CREMA	TION, REMOVAL	23b. DATE 22	. NAME OF CEMETERY	OR CREMATORY	23d LOCATION		
BP	(SPECIFY) BW	ial	Apr. 27, 1985	Rock Creek (Cemetonu	Washinaton	D C	STATE
DHMH - 16 50M 4/83	24 FUNERAL DIRECT	Franc	is I Cappins		25a DA	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNAT	URE
(VRA 15, 4)	500 Unive	rsity Blu	id., W. Silver	Spring, Md.	IAP	29 1985	ta barrison for	andres

Mrs. Service and the service of the

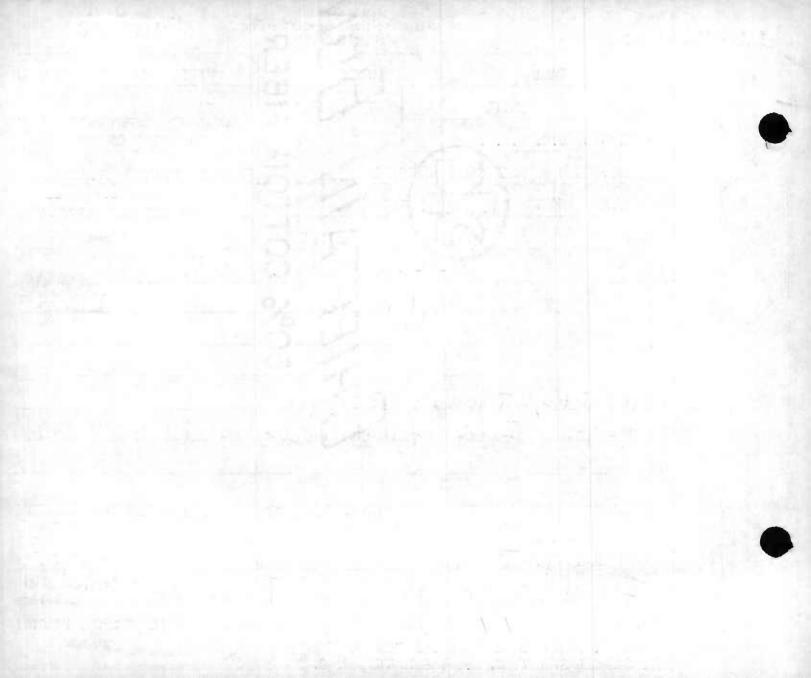
(VRA 15, 4)



9102	1.	FOR STATE REGISTRAR			DEPAR	E OF MARTLAND EALTH AND MENTAL HYD ICATE OF DEATH	PHÈNE REG.	2 I	0 3		
2 000		On no	DA		W.	5	TEIN	20 DATE OF DEATH 4-12-85		DAY YEAR	1: 20
gn 4 ma ector, po in others	3. SE	FEMALE	4.	RACE WHITE		APRI	L 15, 1896 AR	6 AGE (IN YEARS LAST	PIRTHDAY) YRS	IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
10 S C C C C C C C C C C C C C C C C C C	Rı	RTHPLACE (STATE OR FOR COUNTRY) 1851a		U.S.A		WIDOWE		9 BALTIMORE CITY		y Count	V , M
B)	B	ETHES DA		(IF NOT IN SU	JCH FACILITY, GIVE STRE	ING HOME (CORUMN CONTROL OF THE	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retail Bu	OF WORKING LI		ildrens
133	33a. 5		HOME OR OF COUNTY lontgo	1	13c CITY OR TO Chevy	WN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS	zip codi Onsin A		815) #717
150	/	Morris	I	DDLE # •	Ste		13. MOTHER'S MAIDEN NA Bertha	WIDDLE		Wor	tzman
Poper.	160 \	VAS DECEASED EVER IN		D FORCES? /AR OR DATES)	166 SOCIAL SE		Alfred J. St		ress Md. ields l	Road; Ga	
physics on paper emocol.		PART I. DEATH WAS	CAUSED I		er line for (a), (b),	estive	e Heart Fo		PREST -		MATE INTERVAL ONSET AND DEATH
ortending ortending dien er r avmafic		Canditions, if any, w		DUE TO, (OR AS A CONSEC	UENCE OF	erollic HA	vt Disen	re	10	YES
t by the eose rem ol, cremo		gave rise to immedicate (a), stating underlying cause	the	DUE TO, (dr as a conseo	PENCE OF	Al FAILYR	e		1/1	105.
Then plants of the burn, or	NOI	PART 2 OTHER SIGNIF	ICANT CO	nditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIV	EN IN PART 1	o
on de la company	CERTIFICATION	190. DATE OF OPERATIO	N	196 CONI	OITION FOR WHIC	H OPERATIO	n was performed	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF FYING CAUSES S	NGS USED S OF DEATH?
g physics enticons cal-trons and Hyg am 18 sh	10.00	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TS I	PART I OR PART 2)	
s the bur tond Me need or the	MEDICAL	216 INJURY OCCURRED)	21e. PLACE	OF INJURY TREET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
TOS. At for use of Health		220 I certify that (I) (the saw the deceased abave, (I) (we) (did	olive on	4-12	19	(2)	nd that in (my) (our) apinian	death accurred an the		1985 ,	that (I) (we) los couses stated
RAL DIRECTOR CONTROL DESCRIPTION OF THE PROPERTY OF THE PROPER		The Sect	40	nent	cour	ms		MEDICAL ST	AFF ICIAN 🗌	22c. DATE	SIGNED - 85
No FUNES Hould be The Start		Herbert L	. TA	NENS	AUM		270 ADDRESS 5480 Wised	usin Aer	¿ Chou	Chare,	4/ 2081
	230 Cr	BURIAL, CREMATION, RE SPECIFY) CMATION		23b. DATE 4/14/8			emetery or crematory	23d LOCATION CITY OF TOWN Washingt	on D	COUNTY	STATE
AH - 16 50M 4/83 (VRA 15, 4)	24 FI	JNERAL DIRECTOR DATE NAME 70 Rockvill	VZANS	KY-GOI	DBERG	MORTAI	CHPLS. 250 DAT	R 1 5 1985			Panda 82



X	127002		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND & CONTROL HYD ICATE OF DEATH		2 REG. NO.	0 4	
ملام	4 9 9 e		CEASED NAME	PAUL		WIDDLE	-	EIN	20 DATE OF D		6 1985	3:40 AM
掘	ge 4 may i	3 SE	X ALE	, , tel	4 RACE WHITE		5. DATE C	No. of the Control of	6 AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER I YEAR	111
	death. Po	W	ASHINGTON,	D.C.	U.S.A.	WHAT COUNTRY?	WIDOWE		МС		RY COUNTY	MD.
201	68	S	ILVER SPRI	I G	нбГУ™С	ROSS HOSP	TTAL	dr other institution	TUNERAL	CUPATION IR MOST OF WORKIN DIRECT	GUEEN INDUSTRY	RAL RAL
MARYLAND 2120	B)035	130 M	RYLAND		OTHER INSTITUTION	STLVER S			13		WEST HI	
MARYL	2 000	N	ATHAN		MIDDLE	STEIN		ETHEL		NDDLE	BRENNER	2
TIMORE	or order	16a V	VAS DECEASED EVER (5. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!	262-44-3		DONALD M.	STEIN 3		GONWAY PRING A	IARVI AND
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	by the haspital or ottending physician. BRA LORECTOR, After this certificate has been signed by the attending physician. ERAL DIRECTOR, After this certificate has been signed by the attending phise detached for use as the burial-transit permit. Then please remove corbonip State Dept. of Health and Memal Hygiene prior to burial, cremation, or remains and them 21 is marked at them 18 states any injury, or other traumatic ever	MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which lediote go the last lost lost lost lost lost lost lost lo	DUE TO, O DUE TO, O CONDITIONS C 199. COND 199. CON	ITION FOR WHICH THON OF INJURY M. MONTH D. M. OF INJURY REEL FACTORY OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM.EIC)	NOT RELATED TO THE TERM WAS PERFORMED 211. HOW INJURY OCCUR 211. LOCATION STREET ATTENDING PHYSICIAN 222. ADDRESS	200 AUTOPS YES N RED (ENTER NATUR	Y2 20b IF IN CEI	YES, WERE FIND RTIFYING CAUSE: YES 18 PART 1 OR PART 2)	NGS USED S OF DEATH? NO
	TO HOSPITA retained by TO FUNER. should be d with the Sto		DS FAC BURIAL, CREMATION, URTAL	REMOVAL	PECTO 1836. DATE 4/28/		NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		Wreat	2000 L
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 P	NALD M. ST CARROLL	EIN I	HEBREW I		FUNER	VID MEMORIAL AL HOMEMAY O		ISTRAR 256 REC	CHURCH,	VIRGINIA



BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

126136

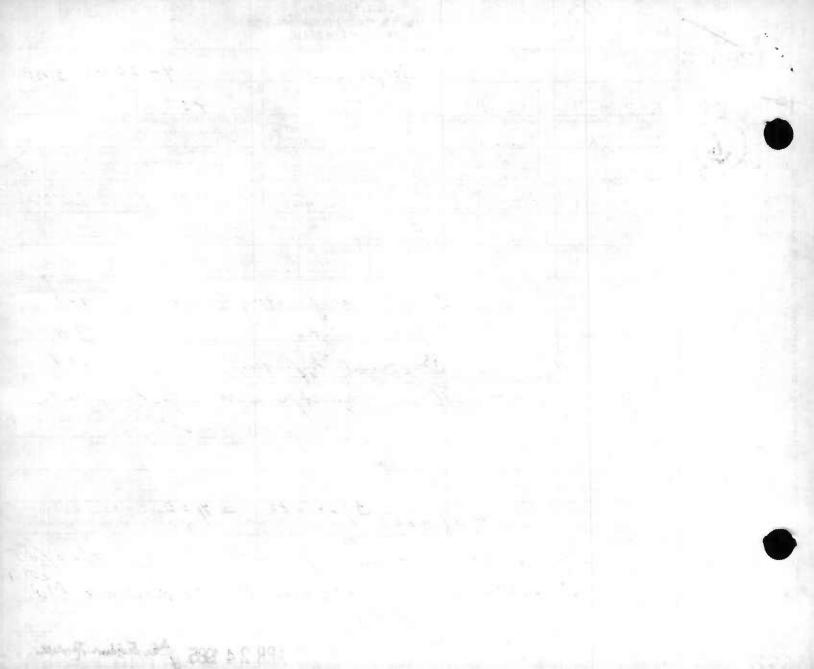
		TA	TE	OF	M/	ARYL	AND
DEP	DTMENT	OF	ME	AIT	LA 1	AND	ALC N

CERTIFICATE OF DEATH

	FOR STATE REGISTRAR			FHEALTH AND MENTAPHYG TIFICATE OF DEATH	REG. NO		
	I. DECEASED NAME FIRST		mma Ste	iner		MONTH DAY YEAR	7:10 A
	3 SEX Female	4 RACE White	S, DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DAT	
3	Towa.	U.S.	A. WIDO	RIED NEVER MARRIED WED DIVORCED	9 BALTIMORE CITY O	County	MD.
G	Olney	Sharon	Nursing Hom		Homemaker	F WORKING LIFE) INDUSTE	O OF BUSINESS OR RY OME
	Maryland Montg	ITY	Silver Spri	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / 13207 Hath	zip code naway Dr. /	20906
	Joseph 160 WAS DECEASED EVER IN U.S. ARA	MED FORCES?	Christoff 166 SOCIAL SECURITY NO	Wanda	ADDRE	Paschl	ke
1		E WAR OR DATES)	478-03-5714	Delbert M. St		Same as #	13. TOXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO	R AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	178. CONDI		21c. HOW INJURY OCCUR	YES NOT	IN CERTIFYING CAUS	SES OF DEATH?
	OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospit saw the decessed alive part aboves (1) (wee) (did Notional 22b. SIGNATURE	P./ 21e PLACE C (AT HOME STRI	M. MONTH DAY YEA M. I OF INJURY EET FACTORY OFFICE, FARM, ETC.	9 211 LOCATION	to	te and hour and from t	that (I Twe) lost the couses stated
	22d. PHYSICIAN'S NAME (TYPE OF	WE		1270 ADDRESS	, Houte	Ol nay h	7 50835
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR	April/	10	awn Cemetery 1250 DAT	Rockville		
	Chambers Funeral	Home S	ilver Spring		AY 3 1985	ALL CONTRACTOR	ATORE)

wheel considered the way of the control of the cont and the second s Water and the methods of the man (but) the table AND THE RESERVE OF THE PROPERTY OF THE PARTY The last that the same of the last the

13th	1.	FOR STATE REGISTRAR			DEPARTA		LTH AND MENT ATE OF DEAT			, NO.	U	,
120026		CEASED NAME OR PRINT)	FIRST	MIDDLE		LAST			26 DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR
y be			JOHN	DA	VID «		NSON		_	4-	20-8	5 5.16
ma mr, pa	3 SE		4 RA			5 DATE OF	DAY	YEAR	AGE IN YEARS LAS	(GIRTHDAY)	MONTHS DA	
Page 1		IALE		CASIAN		FEB 2	6,1890		9	5 YRS		
6 AL. X	70. B	RTHPLACE (STATE OR FOR DUNTRY)		ITIZEN OF WHAT	COUNTRY?	MARRIED	NEVER MARR	RIED L	BALTIMORE CIT		ITY OF DEATH	
	10.0	OUISIANA		I.S.A.	ITAL NIIIOSINI	WIDOWED (MONTGON		TIN KINI	O OF BUSINES:
		KENSINGTON	KEI	INF NOT IN SUCH FACI VSINGTON	GARDE!	VS NURS			FEDERAL			
tilled in und be f	13a. :	AL RESIDENCE (IF NURSING TATE	B COUNTY MONTGO	[13c. C	ESIDENCE BEFORE CITY OR TOWN ILVER	SPRING	I INSIDECITY LI		130. STREET ADDRE	^S ŘADIU	S ROAD	20902
d with	14 F/	THER'S NAME FIRST	WIDDLI		LAST		MOTHER'S MA	ARY	ELIZÁBI	£	RODGE	#8
and and		JAMES	HENI			PHENSOI		AKY		DRESS	KUUGE	KS
an and can and	1	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	IF YES, GIVE WAR	OR DATES)	17-44-		STELLE	M. ST	EPHENSON		AS 13	WIFE
physical papers, emoval, tic even		18 CAUSE OF DEATH PART I DEATH WA	Enter only on S CAUSED BY MMEDIATE CA		or (o), (b), one	lier-	surpe	isto	ing aur	1	BETWE	EN ONSET AND DE
attending ve carbon ation, or r		Conditions, if any,	which (DUE TO, OR AS	CONSTOUE	NCE OF	mites					70
es that to by the ase removed by the your orthought.		gave rise to imme cause (a), stating underlying cause		DUE TO, OR AS	CONSEQUE	NCE OF	if The	het.	ioni			101
equir signe n ple o bur injur	7	PART 2 OTHER SIGNI	FICANT CONE	DITIONS CONTR	BUTING TO D	EATH BUT NO	T RELATED TO T	THE TERMIN	NAL DISEASE OR C	ONDITION	GIVEN IN PART	1(a)
law r	Š	general	wied .	outres.	relie	ic -	mult	ple .	CUA	gas.	Rosefe	teste
an. cate has to the permit.	CERTIFICATION	190 DAJE OF OPERATE	9	196 CONDITION	FOR WHICH	OPERATION	vas perfor ige i	D	YES NO	INCER	YES, WERE FUN ETIFYING CAUS YES []	
PHYSICIAN ng physician. this certificat urial-transit R Mental Hygi		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF INJ HOUR A.M. P.M.	URY MONTH DA	Y YEAR	1c HOW INJURY	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART	2)
	MEDICAL	21d. INJURY OCCURRE	D	TIE PLACE OF IN		2	II LOCATION STREET		CITY O	RTOWN	COUNTY	STAT
ENDING or attendii OR: After e as the b ealth and is marke	2	WHILE NOT WHILE AT WORK	E 🗆	(minoria, gineer, in	CTONT, OTTICE, IT		,					_
F O DEE Z		220 I certify that (1) (1		attended the dec	//		122,19	F5	_, to/	20	19 55	_, that (I) (we
DIRECT DIRECT Dept. of If Item 2		saw the deceased above, (I) (we) (die	l olive on d) (did not) vie	w the body after				opinion de	eath occurred on th	e dote and t		
TAL CK AT the hospital tAL DIRECT etached for a ate Dept, of		77% SIGNATURE	201	22	uss) DE		IDING		STAFF YSICIAN []	271. 04	LE SIGNED
retained by the TO FUNERAL should be detact with the State I IMPORTANT:		274. PHYSICIAMS NAM	2000 111110 2000	DONE	s	1	SOG V	iere	Mill R	18.	ckwill	M
Bb To a shoot	23a. (SURIAL, CREMATION, RI BURIAL	EMOVAL 23	4/24/8	23c. N		ETERY OR CREM		ARLINGT	ON	COUNTVII	RGINIĂ
	24. FI	INERAL DIRECTOR FI	PANCTS	T. COIT	INS	21101011			REC'D. BY REGISTE			
DHMH-16 25M (VRA 15, 4) 1/79		500 UNIV. BI	LVD.,W.	,SILVER	SPRING	G, MD. 2		APR	24 1985	osti	twiden	Adoptess



200	1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND REALTH AND MENTAL HYGIE CATE OF DEATH	NE REG. NO.	0 /
5402	I. DEG	AICRED	K. STid	ham.	To DATE OF DEATH MONTH SA	85 99 M
rector, po	3, 58)	MALE	White Board	124/04	80 VES =	(ADER 1 YEAR OF UNDER JAHRS.) ATHS DAYS HOURS MAKE
funeral dir thin 72 hou	W	ash.D.C.	b. CITIZEN OF WHAT COUNTRY? 8 MARRIE USA WIDOW! 1. NAME OF HOSPITAL, NURSING HOME (D NEVER MARRIED	MONT GOME	MD.
by the Filed with	5;	IVER SPRING	(F NOTIFIED ACTIVITY GIVE STREET ADDRESS) THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	HOSPITA!	(type of work for most of working (ife) Stidham Tire Co.	Self Employe
should b	M.	aryland Montg	somery Silver Spring		36 STREET ADDRESS / ZIP CODE 11805 Gordon Roa	d20904
Complet Land	_	Harrison (AS DECEASED EVER IN U.S. ARM	Stidham ED FORCES? 1166 SOCIAL SECURITY NO.	Clara 17. INFORMANT	ADDRESS	Kerr
1. Fages			WAR OR DATES)		stidham-wife- (sa	me as 13e)
by the otherding physics is remove calded deposition of removed other froumfalls.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost		estre Cere	DiFERRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Then place Then place to burid injury, or	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or condition given	IN PART Ico
the best bearing press price	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		YES NOW YES	
certification with the transfer of the transfe	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19		D (ENTER NATURE OF INJURY IN ITEM IB PAR	I OR PART 2)
After this out the both out the	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR. J		22a.1 certify that (1) (this hospital saw the described live on above, (1) (we) (field did not) 22b. SIGNATURE	view the body after death.	nd that in (my) (our) opinion de	to	nd from the couses stated
ERAL DIR e detoch Store Der		Pital D	Talle 1	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	4/9/05
TO FUN Should be	40	RICHARD H.	POLLEY M	010400 Corn	9 44001	KENIKANIM
P		URPAL, CREMATION, REMOVAL Cremation		Crematory Crematory	Vashington, Do	OUNTY STATE

11800 N.H. Ave.,

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

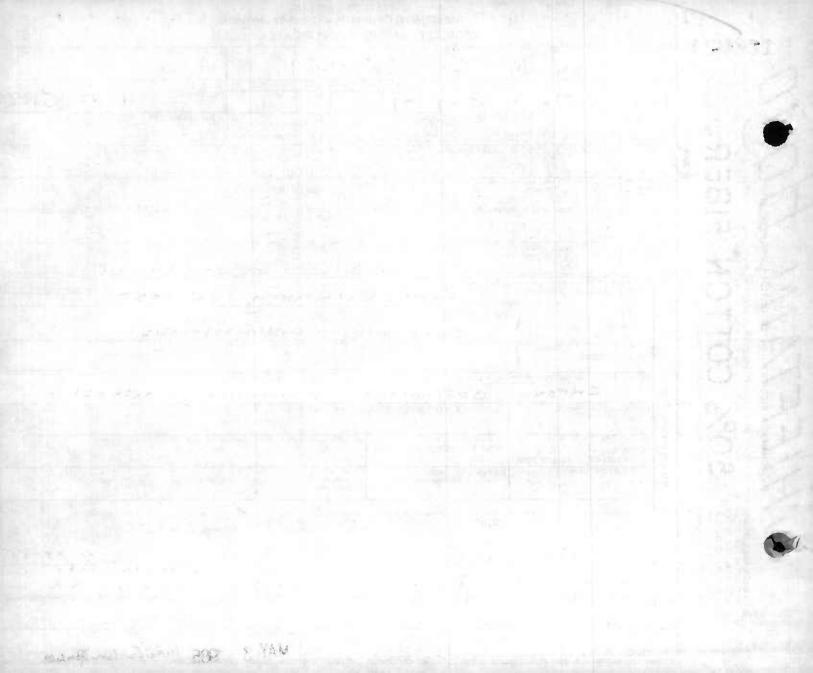
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

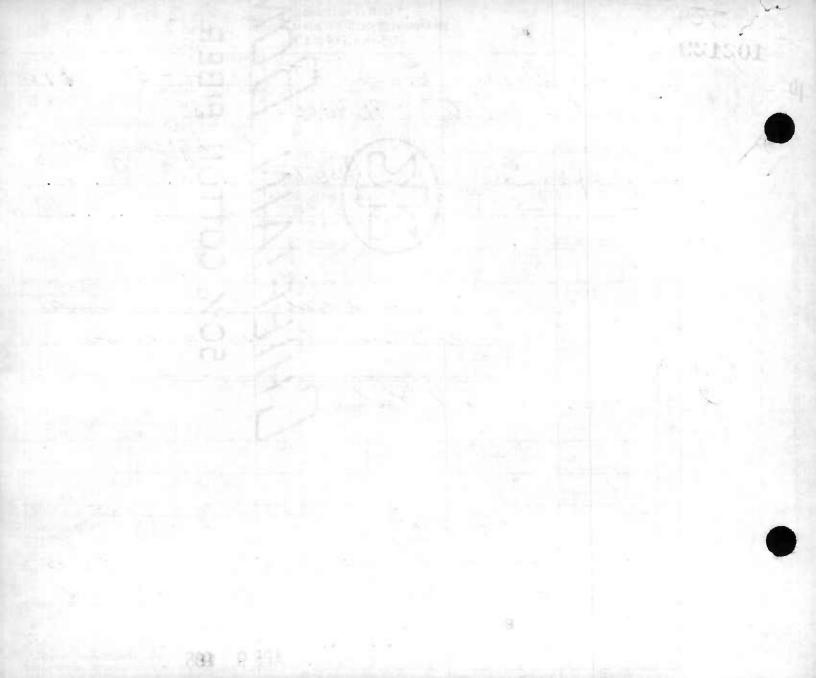
Hines Rinaldi Funeral Home Silver Spring, Md.

106011	1	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND ICATE OF C	MENTAL HYGI	REG	2 I	0 8	
may be page	(TYP	Agnes Ag	gie"	B.	SUD	-	-h	20. DATE OF DEATH	BRIL	185	26. HOUR
ige 4 mcretor, pursafter	3. SE	Female	1. RACE Mb	ite	S. DATE C.	DAY	1899		86 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
nerol di n 72 ho	7a. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)		WHAT COUNTRY	MARRIEI WIDOWE	DI NEVER	MARRIED -	9 BALTIMORE CIT		tgomery	MD
by the furth filed with	Fa	ITY OR TOWN OF DEATH	Fairla	HOSPITAL, NURSI CHFACILITY, GIVE STREE nd Nursir	raddress)		TITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Housew	ATION STOF WORKING L	12b. KIND OF	BUSINESS OR
24 hou illed in suld be	13a.	Md. Me	ME OR OTHER INSTITUTION OUNTY ONTGOMERY	GIVE RESIDENCE BEFO 13t. CITY OR TOV Gaithers	MN	134 INSIDE C	NO 🗌	136 STREET ADDRES 208 N. S	ss/zipcod ummit	Ave.	1087
3 50 5	14 F	ATHER'S NAME Hezekiah	WIDDLE	Day			S MAIDEN NAM FIRST laggie	MIDDL		Mill Mill	S
be executed an and camp 's. Pages 1 an		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES? S. GIVE WAR OR DATES)	220-32-		17. INFORMA		208 rrett Gai			20877
requires that the death ac nn signed by the attendin Then please remove carb r to burial, cremation, ar injury, or ather traumatic	NOI	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying cause los	DUE TO, O	OR AS A CONSEQU		NOT RELATED) TO THE TERMI	NAL DISEASE OR CO	ONDITION GI	VEN IN PART 110	
The law recian. te has been ssit permit. Giene priar show any is	CERTIFICATION	THE DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING	10700.54.5	OF IN HIEV	H OPERATIO			YES NO.	IN CERT	S, WERE FINDING FYING CAUSES O ES	GS USED OF DEATH? NO []
DING PHYSICIAN: The or attending physician or attending physician to a start this sentificate in a sine buriel-transit of the and Mental Hygie marked or tem All sha	MEDICAL CI	OR CONTRIBUTING CAUSE OF THE REPORT OF THE PROPERTY MEDICAL SAN STATE OF THE PROPERTY MEDICAL SAN	MINER PLACE		19	ZH. LOCATK	DN		NOWN -	COUNTY	MATE
OR ATTEN he haspital DIRECTOR: ached for us Dept. of He If hem 21 is		22s.1 certify that (f) then sow the decorated objects (f) (was taken (d) 22s. 51cm ATUSE	6 100 4	Wha	3/3	GREE	19 S	eath occurred on the	TAFF	or and from the co	not (I) (I) lost putes stated KINED
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: II		Thos 6	. WAR	D 61	16 A	John	wind	Ber	thlan	la 20	817
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	4/4/1	85 F	orest	Oak Ce	metery	23d LOCATION CITY OF TOWN	sburg	Montg.	STATE Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	artner Sandis	on F. H.	316 E.D	iamond	Avenu	250 DATE	REC'D. BY REGISTR	AR 25b. REGIS	TRAR'S SIGNATU	RE

· Times . Sin Total Service of the
	20		OR STATE				NT OF HEALT	MARYLAN H AND ME	ENTAL HY		2 1	0 9	
12	26091	1. DEC	REGISTRAR EASED NAME OR PRINT)	FIRST	MEI	MIDDLE MIDDLE		CERTIFIC	CATE OF	2a. DATE	REG. NO	MONTH DAY	YEAR 25 HOUS
//	S NECESSARY, PLEASE FUNERAL DIRECTOR. ES EGR YOUR FILES. OF WITHIN 72 HOURS W PRESTON STREET,	3 SEX	ale wh	MON		YEAR	AGE (IN YEARS IF I	ENEL UNDER I YR.	IF UNDER 24	DEATI	TE UNCED	MONTH DAY	YEAR 2d HOUI 985 1950
	LECESSAR JUNERAL D FOR YOU WITHIN 7	70. BII Mi	RTHPLACE (STATE OR LEIGH COUNTRY) Chigan	7b. Cl	ited	AT COUNTRY	MAF		VER MARRIED DIVORCED	9 BALTI	MORE CITY OF	ry Coun	ATH
	PACIFICATION OF THE PACIFIC STATES	Ro	CKVille	Si	NOT IN SUCH FAC	CILITY, GIVE STREE	NG HOME, OR O TADDRESS) Advent:			o USUAL OCC FOR MOST OF W Manage	UPATION (TYPE	OF WORK 12h KINE	of Business putter rvices
.21201	AND 3 RETAIN HEGOD	Ma		ING HOME OR OTHER	nery	Poto	TOWN MAC	13d INSIDE (I	СХои		ress Fox Rui	n/20854	
ON SA	50000	F	THER'S NAME FIRST TANCIS (AS DECEASED EVER IN	J.	ORCES?	Sween		FI	ER'S MAIDEN I	NAME	ADDRESS	Lave	
and a	A PER PONISION OF THE PONISION	(YE	S, NO, OR UNKNOWN) OS 18 CAUSE OF DEATH	WW II	DATES)	384-2	22-9044	Marc	cellir	ne A.	Sweene	y, same	as #1:
CORDS, 201 W. PRESTON ST	D BE EXECUTED WITHIN 24 DENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALONG NAS A BURIAL - TRANSIT PERMIS CREMATION, OR REMOVAL.	NO	Canditians, if an gave rise to it cause (a) stating t lying cause last. PART 2 OTHER SIGNIFICANT (y, which mediate he under-	(b) (DUE TO, OR (C) UTING TO DEATH E	AS A CONSE	DUENCE OF	ASE OR CONDITION	N GIVEN IN PART I		erosis.	T	EN ONSET AND DEATH
OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTE! TING THE WORD "PENDING" IN I SED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEATTH AND M I PRIOR TO BURIAL, CREMATION,	CERTIFICATION	190. DATE OF OPERAT	WAS	19b. CONDIT	ION FOR WH	ICH OPERATION	WAS PERFORA	MED?		INJURY IN ITEM 18 PA	20 AU	TOPSY?
DIVISION	WRI ARE 120	MEDICAL	CONTRIBUTING CA	D DEATH	P.M.	DF INJURY (: ORY, FARM, ETC.)	19	OCATION STREET		CITY OR I	TOWN	COUNTY	STATE
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BAUTIMORE, MARYLAND, 2		220 I certify that I to death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural cou	ses 🗹	Accident C	held an Auto	Hamic TITLE (SI		Undetermined of MEDICAL EXA	manner .	LU MO	28-86 Li
07/84 25M	Bb	23a.BU	(TYPE OR PRINT) PRIAL, CREMATION, REA BUTIAL INFRAL DIRECTOR D.	MOVAL 23b DA	May 985	St.	Gabrie	l's Ce	em.	Potom.		COUNTY TVland TRAR'S SIGNATU	STATE
	DHMH - 17 (VR A15 ME (5))		mes, P.A.						MAY :			Tavidson B	nda 80



701		ron	STATE OF MARYLAND	2110
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	
102129	DE	REGISTRAR CEASED NAME / FIRS	I MIGDLE 1ASS/ 20. DATE OF DE	REG. NO. ATH MONTH DAY YEAR 126 HOUR
1 25		OR PRINT!	tride & Sweet	4-3-85 6/10
-i F: 1	1. SE	1	4. RACE, S. DATE OF BIRTH 6. AGE (IN YEARS	
31 N n	-	temale	- White MONTH DAY YEAR	80 YRS MONTHS DATS HOURS MIN.
2 /1/		STATE OF FOREIGN	N 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED ** NEVER MARRIED ** 9. BALTIMORE 6	CITY OR COUNTY OF DEATH
1576/	Wa	shington, DC	USA WIDOWED DIVORCED Y/W/L	Laoney Country
11/20	A S	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSHING HOME OR OTHER INSTITUTION 12% USUAL OCC.	ME O WORNS (IT) SOUSTRY
1100	2	lue All	Cold and cold and the cold and	ecty. Fed Coyt.
and	file. S	TATE	COUNTY WIGHT OR TOWN I'M INSIDE CITY UMITS! IN STREET ADD	rginia Ave., N.W. 20037
1 11 1	H. FA	THER'S NAME	IS MOTHER'S MAIDEN NAME	
1 11/1//	10000	Frank	E. Serrin Mary	Donovan
1 1 1	Téa. V	VAS DECEASED EVER IN U.	S. ARMED FORCES? THE SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS DOTTO VALL
1 10 13	1	I/A	N/A 579-12-4106 Harry L. Swift-husban	nd-(same as 13e)
the to		18 CAUSE OF DEATH (En	ter anly ane cause per line far (a , (b), all)	APPECOMATE PUTERVAL BETWEEN CONCELANDURATE
ntho phy on pa emov		PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (a)	muite
th car			.0.	1
deart deart fron, aum		Canditions, if ony, which	ch (b) arlereosclerole bear of	userse yrs
4 4194		gave rise to immedio cause (a), stating th	DUE TO, OR AS A CONSEQUENCE OF	
that that all colors of the rest of the re		underlying cause la	(c)	
de d	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 11a
# # # # # # # # # # # # # # # # # # #	4110N	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS	2 206 IF YES, WERE FINDINGS USED
1 1 1 2 2 2	Pic	IN DATE OF OF SKATION		IN CERTIFYING CAUSES OF DEATH?
10 10 2	CERT	21g. ACCIDENT WAS UNDERLYIN		OF INJURY IN ITEM 18 PART LOR PART 2)
新	AL C	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH DAY YEAR	
No sing # /	MEDIC	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e PLACE OF IN JURY 211, LOCATION	
the first	ME	NOT WHILE C	(AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET CT	TY OR TOWN COUNTY STATE
ADDR.			haspital) attended the deceased from 3/10 , 19-85 , to	.5 19 85 that (1) (we) last
100 Paris		sow the deceased of obove, (1) (we) (did) (did)	ve on	the date and hour and from the causes stated
SK A		276 SIGNATORE	DEGREE	21L DATE SIGNED
A A September		THE STATE OF THE S	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN 4/3/55
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	THE PHYSICIAN'S NAME	(TYPE OR PRINT) 22e ADDRESS	
A PO F		1.1013	EMACK MO 4115 Polie DR.	Wheaton md.
1699	230 E	URIAL, CREMATION, REMO	DVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATIO	ON OWN COUNTY STATE
BP/	_	Burial	4-8-1985 Mt. Olivet Cemetery Wash:	ington, DC
DHMH - 16 60M 7/84	Hi Hi	nesy Rinaldi	Funeral Home ADDRESS	STRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)			Silver Spring, Md. APR 9	185 Gista Davidson-Randalle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGITAL

CERTIFICATE OF DEATH

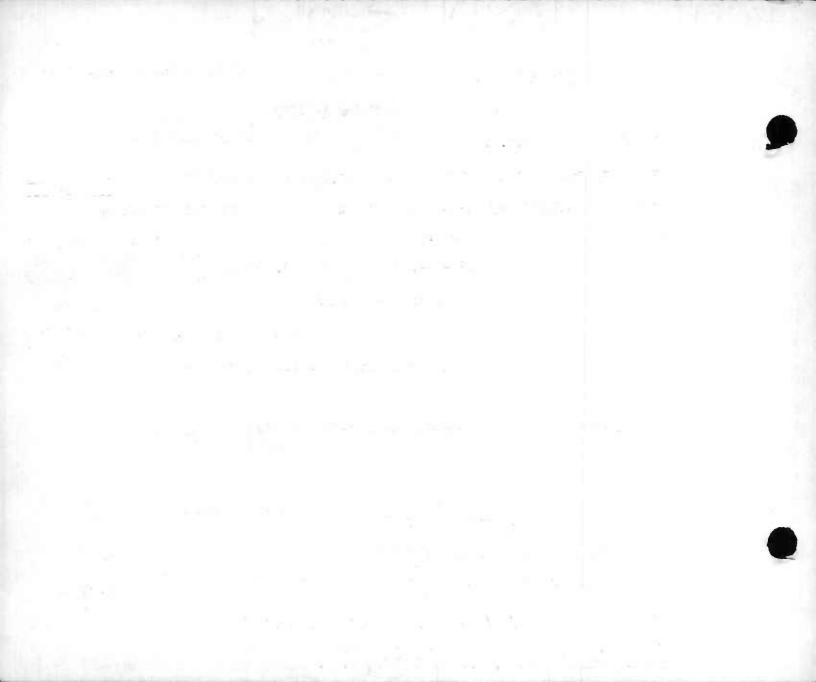
- STATE REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) John Ignatius Tartaglia April 24,1985 3 SEX IF UNDER TYEAR IF UNDER 24 HR 1904 Male White Jan. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash.D.C. Montgomery WIDOWED CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 2423 Dennis Avenue Silver Spring Master Plasterer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. 2423 Dennis Avenue Mont. S.S. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Tartaglia Michelina Pasquale Caruso 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 20902 579 01 8114 Dorothy Tartaglia (Wife) Same as 13E None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY BRANCHOGENIL CARLNOAM DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ind 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 7 In ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINERS P.M 214 IN JURY OCCURRED 71e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC + NO WHILE 220 1 certify that (1) (this haspital) attended the deceased fram NOV sow the deceased alive an JAN 28 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above, (1) (was (did sold not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED Dr. David Luthringer 5520 Wisconsin Ave. C.C.Md. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 73b DATE (SPECIFY) STATE St. Marys Cemetery Washington, D.C. Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md.



LYPTON		500		STATE OF MARYLAND	5 121	6	
	1 -	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH				
		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST .	REG. NO.	DAY YEAR 25 HOUR	
oge 3 death		ORPRINT) DAVI	D G	TAVAN	APRIL 25	1985 10:15 PM	
a a a	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS	
ge 4		ALE	WHITE	FÉBRUARY 16, 1905	80 YRS		
Pod in dir		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
de d		ARYLAND	U.S.A.	WIDOWED DIVORCED	MONTGOMERY COU	MD.	
he fi with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION T ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HE	12b. KIND OF BUSINESS OR E) INDUSTRY	
ē 00		ILVER SPRING	8750 GEORGIA A		SALESMAN	AUTOMOBILES	
TO CAR PARTY OF THE PARTY OF TH	13a. S	TATE 136 COU		VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
3	_	THER'S NAME	GOMERY SILVER	SPRING YES X NO	8750 GEORGIA A	VENUE	
AR with plet and 2 omi		ILLIAM	MIDDLE LAST	FIRST	WIDDLE	LAST	
E, M		VAS DECEASED EVER IN U.S. A	GOODMAN RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	ASCERTATNABLE)	
MORE, n ond co Pages 1	N		IVE WAR OR DATES) 579-03-	1785 NORMAN J.	TAVAN 15276 PEAC	CHSTONE DRIVE	
LTIA Dion Prs. P	101				SILVER SPI	RING MARYLAND	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within a shall the this certificate has been signed by the attending physician and completing filled in as the bund-stronsit permit. Then please remove carbon popers. Pages 1 and 2 this standard Mental Hygiene prior to buriol, cremation, or removal. And Amental Hygiene prior to buriol, cremation, ar removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), o ED BY	NITION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIA	TE CAUSE (o)	10///0//		WISS	
			DUE TO, OR AS A CONSEQU	JENCE OF METACTAT	TC CARCINOMA	MONTHS	
		Conditions, if any, which gave rise to immediate	(b)	, , , , , , , , , , , , , , , , , , , ,	10 CHICLINOPIF	1 1 1 1 1 1 1 1	
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	CINOMA OF	COLON	YEMRS	
S, 20	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110	
ORD ORD req	1750	19a DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	Tan AUTORSVA Tank IE VEG	WEDE ENIDALISE LISES	
REC as b ws ar	CERTIFICATION	1-9-8C		TIMAL OBSTRUCTION	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?	
TAL The increase the h	ERTI	710. ACCIDENT WAS UNDERLYING	110102		RRED (ENTER NATURE OF INJURY IN ITEM IB P.	S NO	
Phys phys phys phys phys phys phys phys p	l.	OR CONTRIBUTING CAUSE OF DE			(ENIER NATURE OF INJURY IN TERM TO P.	ARTIORPARTZI	
NOF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION			
VISIO offending offending offending offending offending	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE	
3 % % E			ital) attended the deceased from	TULY 198	2-, 10_Apr	19, that (I) (we) last	
R ATTEN haspital RECTOR RECTOR RECTOR Fem 21 is		sow the deceased alive a above, (M we) (did) (did n	n 19 ot) view the body after death.	, and that in (my) (our) opinion	death accurred an the date and hou	r and from the couses stated	
has has liked ept.		276 SIGNATURE	1) 007	DEGREE	-	22c. DATE SIGNED	
the District He He District He He District He He District He		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4-26-85					
HOSPITAL med by th FUNERAL vid be det if the State	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	224 ADDRESS	ET GIEN RD		
4 = 3 + 5 1		LEONARD	C JEII 5	SILVER	SPRING MD	20910	
of of short with the short of t		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP	BURIAL 4/28/1985 KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGI						
DHMH - 16 50M 4/83	2458	NEALD IREGTOR STETN	HEBREW MEMORIAL	FUNERAL HOME 250 DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE	
(VRA 15, 4)	232 CARROLL STREET, N. W. WASHINGTON, D. C. MAY O 1 105						



TETE SANS DE L'AND CONTRACTOR DE LA CONT He did to the state of the stat The American Congress of the C THE STATE OF THE S E-pend of both to for a large grant from the way made the same THE SER THAT THE PARTY OF THE P M. W. College & Carre white and green or ather traumotic event, the

shay

8

FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

female

14. FATHER'S NAME

Louis

(YES NO OR UNKNOWN) no

underlying

CERTIFICATION

BIRTHPLACE | STATE OR FOREIGN

Washington, D.C.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130, STATE 13b, COUNTY Maryland Montgomery

16e WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stating

19a DATE OF OPERATION

214 INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

226. SIGNATURE

Burial

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

224 PHYSICIAN'S NAME (TYPE OR PRINT

22a 1 certify that () (this hospital) attended the

sow the deceased alive on Am/ above. () (we) (did) (bid not) view the body of

couse PART 2 OTHER SIGNIFICANT CONDITIONS

18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY

STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGTENE									
	CERTIE	ICATE OF DEATH							
	CERTIF	ICATE OF DEATH	REG. NO.						
1 ade (in	ve	TAULOR	DATE OF DEATH MONTH	DAY YEAR 26 HOUR 750 M.					
0001	5. DATE C	F BIRTH 6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS					
an	Sept		70 _{Y8}	MONTHS DAYS HOURS MIN.					
HAT COUNTRY?	8	D . 19	BALTIMORE CITY OR COUNTY OF DEATH						
States	WIDOWE		Montgomery County MD.						
FACILITY GIVE STREET	ADDRESS)		20 USUAL OCCUPATION TYPE OF WORK FOR TOOL OF WORKIN Salesperson	IN KIND OF BUSINESS OR INDUSTRY Retail					
ive residence before admission) 3c. CITY OR TOWN Censington		13d INSIDE CITY LIMITS? 1	3004 Plyers M	DE 11 Road/ 20895					
		15 MOTHER'S MAIDEN NAME							
Streamer		Ethe1	WIDDLE	Morgan					
66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	ille, Md. 20705					
285 22 66	588	Thomas E. Tay	lor, 3307 <u>Dun</u>	nington Rd.					
ne for (a), (b), and	dicti A	1- 4	*	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
upter	w Au	vor Aneur	sm	24 hons.					
AS ACONSEQUE	NCE OF	Arteriosa	0	years.					
eneral	200	Ar Muyo Sa	avon						
as a conseque	NCE OF								
NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION	GIVEN IN PART Tro					
Seps	is -	- Drubetes	Mellitus	146					
ION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO					
INJURY		1216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM						
MONTH DA	YEAR 19		(total)						
FINJURY		211 LOCATION		COUNTY STATE					
T, FACTORY OFFICE F	ARM ETC)	STREET	CITY OR IOWN	COUNTY STATE					
deceased from_	19	8 4 19	10 Am 15	, 19 8 , that (I) (we) lost					
5 19	51 01	nd that in (my) (our) opinion de	oth occurred on the date and	hour and from the causes stated					
fter deoth.									
		DEGREE		22c. DATE SIGNED					
0	M		MEDICAL STAFF DIRECTOR PHYSICIAN	Apr. 16, 1985					
4-D-		10829 gas	7,	, Stree Spring					
23 _{C.} N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	Table 1					
1985 Ced	lar Hi	.11 Cemetery	Suitland	Maryland					

Apr. 18, 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes Bethesda, Maryland P.A.

23b. DATE

caucasia

76 CITIZEN OF W

MIDDLE

Milton

IMMEDIATE CAUSE (0)_

DUE TO, OT

DUE TO, OR

19b. CONDIT

21b. TIME OF

HOUR A.M

21e. PLACE O (AT HOME STRE

P.N

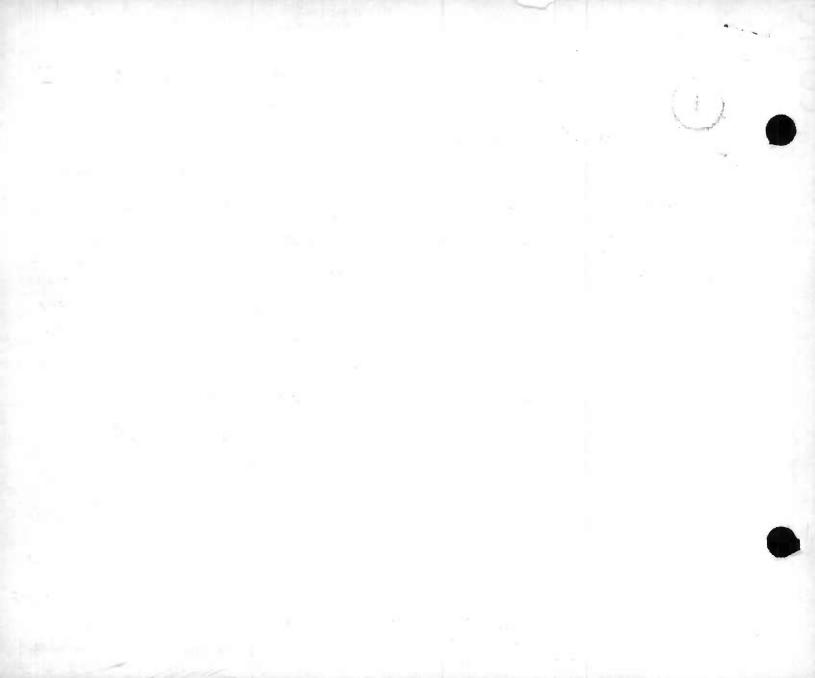
United NAME OF H

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

0



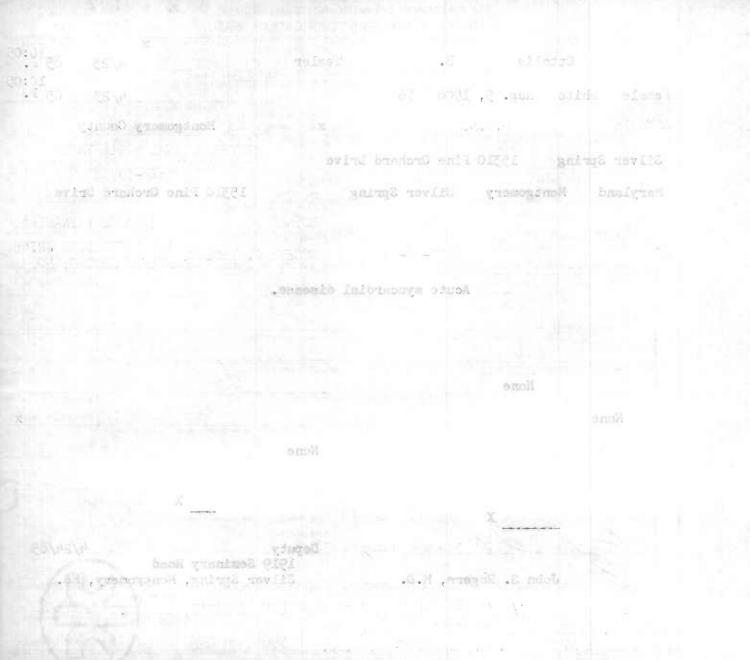
1	tems 18-22a 3/21/ FOR - STATE	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY		S
06140	REGISTRAR ECEASED NAME FIRST	MEDICAL EXAMIN	ER'S CERTIFICATE OF	REG. INC.	
(1	YPE OR PRINT	WINDLE	LASI	20. DATE KNOWN W MONTH	DAY YEAR 26 HOUR
SERVE I	The It race		Taylor	DEATH MATED 4	5 1985 M
3. 5		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS M	IN PRONOUNCED	24 11001
	emale Black	Nov. 28,1912 7	Zs.	DEAD 4	5 1,85 3:43
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ind.	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
) 10 (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOMI	OR OTHER INSTITUTION	RE USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	Montgomery Co.	Washington Adven	tist Hospital	School Teacher	
130.	Maryland Mo:	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI	Park YES X NO []	508 Lincoln Av	enue 20012
14.1	FATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN	NAME	LAST
2	John	H. Wilson	Evely		Reid
160	WAS DECEASED EVER IN U.S. ARN (YES, NO, OR UNKNOWN) (IF YES, GIVE V		Sarah L.	Wise-friend-16 Washington	02 Fort Dav
CREMATION, OR REMOVAL		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) OHTRIBUTING TO DEATH BUT HOT RELATED TO THE TERM	OF .	0	
O BURIAL, CREA	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
Ē					YES XX NO
MEDICAL CER	UNDERLYING OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (AT HOME,		ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	ART ?) DUNTY STATE
	AT WORK AT WORK	af the remains described above, held an	Autopsy . Inspection	. Inquiry . and in my o	pinion
	ACTUAL SIGNATURE	wite By Youll	TITLE (SPECIFY) M.D. Assostamt	Undetermined manner	
2	(TIPE OK PRINT)	parita A. Korell,M.D	ADDRESS	enn Street, Balto	.,MD 21201
E	BURIAL, CREMATION, REMOVAL (SPECIFY) Buria		ncoln Memorial	23d LOCATION COL CHYOR TOWN COL L Cemetery Suit	land, Md.
24	FUNERAL DIRECTOR	Lyona-1001 Bonn	ing Pond N. F. A	PR 11 1985	SIGNATURE , POR

113067	1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL PYGIENE CERTIFICATE OF DEATH REG. NO.								
moy be poge 3	{TYP		sa	MIDDLE	Tér	rish	20. DATE OF DEATH	4-18-8	35 6 AM			
ge 4 moy ector, pag rs ofter de	3 SE	x Female	4 RACE Wh:	ite	S. DATE (y 5 190	8 AGE (IN YEARS LAST		OAYS HOURS MIN.			
nnerol dir	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Moute	OR COUNTY OF DEA	Y CTV MD			
0	10 C	ETHES DA	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	CSP177	120 USUAL OCCUPA (Type of work for MOS Salesper		IND OF BUSINESS OR RETail			
135	13a.	AL RESIDENCE (IF NURSING HO STATE 136 C aryland M	me or other institution Ounty ontgomery	13E. CITY OR TOW ROCKVI	ADMISSION)	13d. INSIDE CITY LIMITS	? 13e.STREET ADDRES	s/ZIP CODE ntrose Road	d 20852			
ampletely ond 2 sh		ATHER'S NAME Hyman	MIDDLE	Terris		15 MOTHER'S MAIDEN Bessi	MIDDLE		Berger			
n and co	160 \	VAS DECEASED EVER IN U.S YES, NO. OR UNKNOWN) (#Y	S. ARMED FORCES? S. GIVE WAR OR DATES)	216-05-8		Theresa Sha	ank 6105 Mon	trose Road,	Rockville Md. 208			
low requires that the state of the signed by the smit. Then please ret prior to burial, crem any injury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICA 190 DATE OF OPERATION	INT CONDITIONS C	thmias	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CO	ONDITION GIVEN IN PA	FINDINGS USED			
NG PHYSICIAN: The law requir ottending physician. for this certificate been sig as the buriol-transit permit. Then th and Mental Hygiene prior to be orked or them 18 stars.		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	DF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	YES NO	YES 🗌	NO 🗌			
of Property Street	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR	TOWN COUN	NIY STATI			
ATTEND spital o CTOR: /		220.1 certify that (1) (this sow the deceased almost obove (1) [we) (did) (d			4	nd that is (my) (our) opin	nian death occurred on the	dote and hour and Ira	, that (I) (we) lost			
F 000 0		22b. SIGNATURE	nel ba	in		DEGREE ATTENDIN PHYSICIAL		TAFF	DATE SIGNED			
TO HOSPITAL (retained by the TO FUNERAL Eshould be detained with the Stote ElimphoRTANT: #		22d. PHYSICIAN'S MAMERI	MANOL	Ban				Vheaton M	10 20906			
BP		BURIAL, CREMATION, REMO (SPECKY) Removal	4-18-8	5 Ge	orget	emetery or cremato own U. Med. So	ch. Washin	gton, county	D.C.			
DHMH - 16 50M 4/83 (VRA 15, 4)	0	UNERAL DIRECTOR LUMBIA MORTU	ARY SERV	ICES WA	SHING.	TOW DC ZOOP	DATE REC'D. BY REGISTRA	arizzo REGISTRAR'S SA	Randell.			

nering the contract the contrac The second secon

DEPARTMENT OF HEALTH AND MENDAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NU . DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED B. Ottalie Tesler 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Aug. 5, 1908 Female 76 DEAD White 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ROMANTA U.S.A. Montgomery County WIDOWED K DIVORCED I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH INTERNATIONAL MAIL STATEUSTRY Silver Spring 15310 Pine Orchard Drive 138 INSIDE CITY LIMITS? 15310 Pine Orchard Drive Maryland Silver Spring Montgomery 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ESTHER (UNASCERTATINABLE) TOSEPH RFRAM 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. FIRESIDE DRIVE 577-42-8698 L. TESLER. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Notural courses X death resulted fram: Undetermined manner TITLE (SPECIFY) **ACTUAL** 4/24/85 Deputy 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, 236 NAME OF CEMETERY OR CREMATORY BURTAL MOUNT LEBANON CEMETERY 4/28/1985 BUNALD MCTOSTEIN HEBREW MEMORIAL FUNERAL HOME **DHMH - 17** in Davidson-Randelle (VR A15 ME (5)) 232 CARROLL STREET, N. W. WASHINGTON, D. C. 20M 4/82

STATE OF MARYLAND

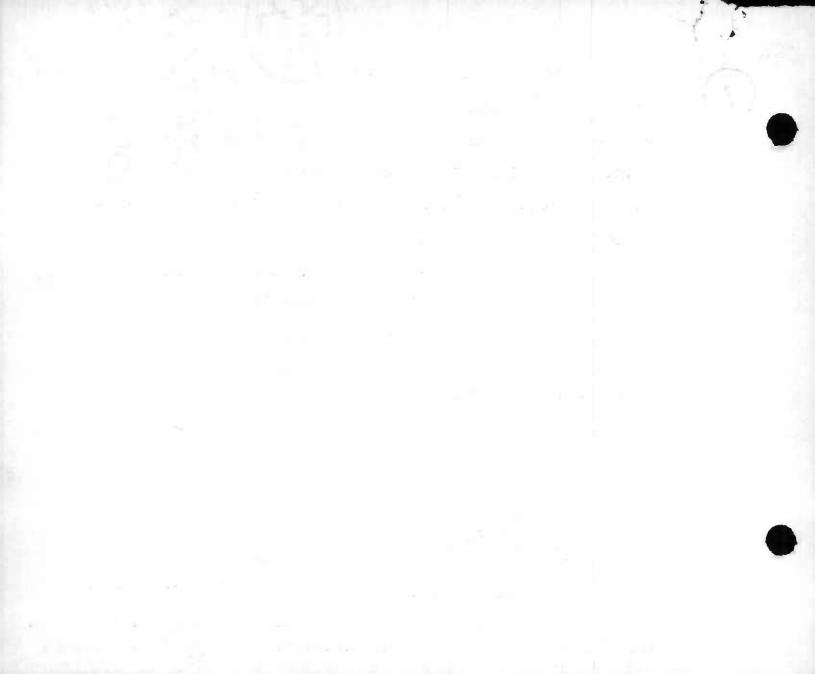


STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

ı	REGISTRAR				CERTIF	ICATE OF	DEATH	R	REG. NO.		
Ì	I. DECEASED NAME	FIRST	٨	AIDDLE	L	AST		20 DATE OF DE		DAY YEAR	26 HOUR
ı	(TYPE OR PRINT)	Pau	1 1	W.	Tete	er		April	28,19	985	8:45 ^P _M
Ì	3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
I	Male		White	е	Jan	25	1900	85	YRS	Indiana Davis	MIN.
₫	70. BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	what country	? 8 MARRIE	D XNEVE	MARRIED -	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
ł	Virginia		US		WIDOWE	D 🗌	ONORCED [omery		MD.
1	S.S.	ATH		OSPITAL, NURS HEACILITY, GIVE STREET Pine				17a USUAL OCC (TYPE OF WORK FOR Cashi	UPATION MOST OF WORKING ET	GI#E) IZE KIND C INDUSTRY Capita	of Business OR al Transi
1	OSUAL RESIDENCE (IF NUR 130. STATE Md.	SING HOME OR 13b COUN Mon	TY	GIVE RESIDENCE BEFO		13d. INSIDE YES 🔀	CITY LIMITS?	13e.STREET ADD		Orchard	0706 Drive
Ĵ	14 FATHER'S NAME		WIDDLE	LAST		15. MOTHE	R'S MAIDEN NA		IDDLE	EAS	
J	Park	,	WIDDLE		er		Alice	M	IDDIE.		flett
1	160 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17. INFORA			ADDRESS		
ı	N/A			578-10-5	878	Grace	V. Tete	er-wife-	(same a	s 13e)	
Ī	18 CAUSE OF DEA	TH (Enter on	ly one cause per	line for (a), (b), o	ind (c)					APPROX BETWEEN	ONSET AND DEATH
ı	PART I. DEATH V		D BY: E CAUSE (a)	CANO	- 5 M	07	PRUST	3 th			
ı			DUE TO OF	R AS A CONSEQ	UENCE OF					1	
ı	Canditions, if any		(b)	Mexa	stos	i					
ı	gave rise to im		DUETO	r as a consequ	IENICE OF						
ı	underlying caus		(10, 0	AS A CONSEGN	DEINCE OF						
ı	PART 2 OTHER SIG	NIFICANTO	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELAT	D TO THE TERM	INAL DISEASE OF	R CONDITION	GIVEN IN PART 1	0
1	E Corde	in	arry	thurb	->						
4	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	n was peri	ORMED	200 AUTOPS		YES, WERE FINDIT RTIFYING CAUSES YES []	
d	210 ACCIDENT WAS UN	IDERLYING [216 TIME O	F INJURY		21c HOW	INJURY OCCUR	RED LENTER NATURE			
1	OR CONTRIBUTION	CAUSE OF DEA	TH HOUR A.	M. MONTH							
1	11F EITHER NOTIFY MED		21e PLACE		19	21f LOCA	ION				
ı		HILE [EET FACTORY OFFICE	FARM ETC I	STR	ET	CI	TY OR TOWN	COUNTY	STATE
١	220 I certify that		all attended th	e deceased from	10	125	10 79	7 10 7	128	10 85	that (I) (we) last
١	saw the decear abave, (I) (we)	ed alive on	3/19 View the L	19		nd that in (m	y) (aur) apinian	death occurred a	n the date and	have and from the	causes stated
١	226 SIGNATURE	20	1 4	_		DEGREE	ATTENDING	MEDICAL	STAFF	22r. DATE	SIGNED
4	1//	100	1200		M.S		PHYSICIAN (DIRECTOR			
	22d. PHYSIC IAN'S N	AME ITHE	mi			22e. ADDR		smoor B	12 C	c Ma	
			otszta	in, M.D						.5.Ma.	
	230 BURIAL, CREMATION	, REMOVAL	23b. DATE		NAME OF C	EMETERYO	RCREMATORY	23d LOCATIC		COUNTY	STATE
	Burial		May 1,	1985	Cedar I	Hill C	emetery	Suitla		r. George	es Md.
	Hines/Ri	- 1 d i	11200	Nontropali	amp A	70 C		F3	1 // // -	SISTRAR'S SIGNAT	
1	TITIES/KI	iarur	11000	14CM 110	mip.A	v C . J .	P. Hall	K 3 0 198	35	Laurdson-	Manage

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIFE should be detectived with the Stote Dipple IMPORTANT:

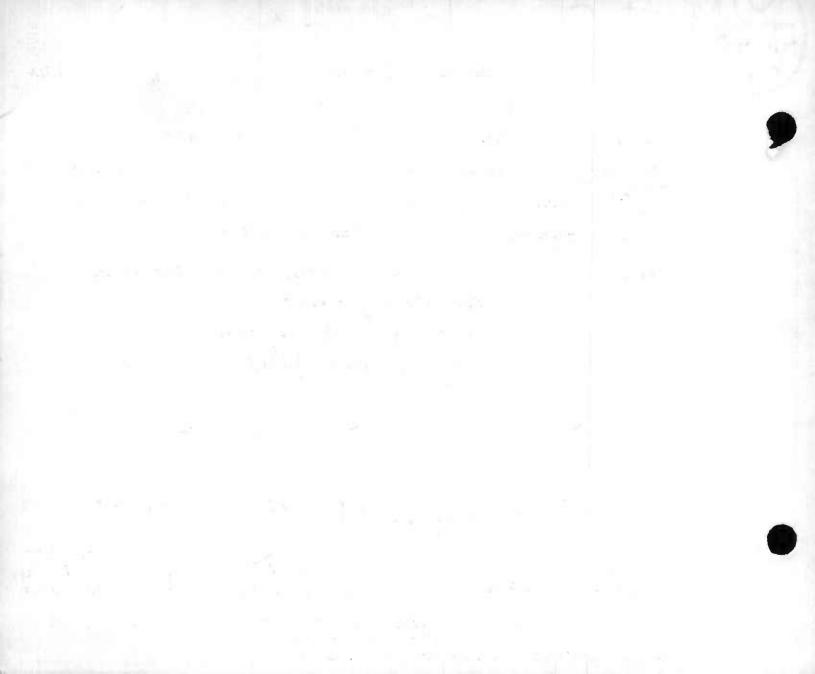


Francis Gasch's Sons F.H. Hyattsville,Md. 20781

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



TENDING PHYSICIAN, The

TO HOSPITAL

STATE OF MARYLAND	S	T	AT	EC	F	M	AR	YL	AN	D
-------------------	---	---	----	----	---	---	----	----	----	---

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

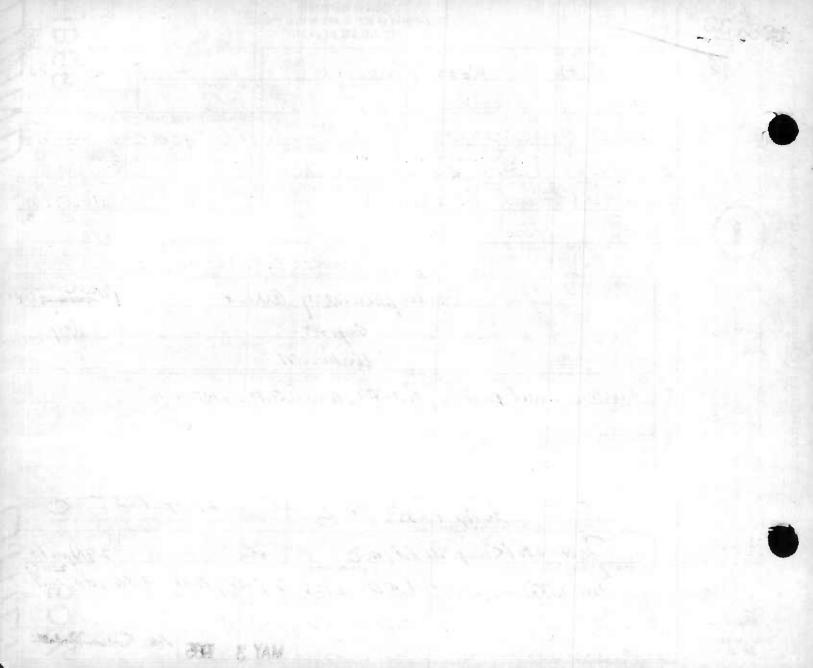
8	1-	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	Com 2 Com	
)		CEASED NAME FIRST MARY		MIDDLE P.		omas		27, 198	
	1.5E)	Fimale	4. RACE Whi	te	5. DATE O	of BIRTH Ly 12, 1905	6 AGE (IN YEARS LAST BIRTHE		EAR IF UNDER 2
	1	RTHPLACE (STATE OR FOREIGN COUNTRY) **TRANSAS TY OR TOWN OF DEATH	us		WIDOW	ED NEVER MARRIED DIVORCED OR OTHER INSTITUTION	Montgomen 120 USUAL OCCUPATION	y County	ND OF BUSINES
10	K	ensington AL RESIDENCE (IF NURSING HON	(IF NOT IN S Kensiv	UCH FACILITY, GIVE STREE 19 10 GATE ON, GIVE RESIDENCE BEFOR	t address) Lens N RE ADMISSION)	lursing Home	Clerical	Go	_{vetume} r
	Mo		ont.	Kensing		13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	130.STREET ADDRESS / Z 10318 Fawse		0895
50	14- 14	Bracie VAS DECEASED EVER IN U.S	N.	Powell Plan social sec		FLORA 17. INFORMANT	Alica ADDRES		Anderso
1/	()		S. GIVE WAR OR DATES)	408-16-		Felix Gryder	1066 Hunnya Bessemer, A	labama 3	Nephen 5023 PROXIMATE INTERV GEN ONSET AND I
ry, or other troom	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	(b) DUE TO,	OR AS A CONSEOU	JENCE OF	T NOT RELATED TO THE TERM	ninal disease or condi	TION GIVEN IN PAR	RT 11a
ahe Aus 2	CERTIFICATION	190 DATE OF OPERATION Jon 1975	196 CON	DITION FOR WHICH		ON WAS PERFORMED WCKERS	200 AUTOPSY? YES NO	206. IF YES, WERE FII IN CERTIFYING CAU YES []	NDINGS USED USES OF DEATH
9	0.050	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR	P.M.	DAY YEAR		RED (ENTER MATURE OF INJURY	IN ITEM 18 PART I ORPAR	1 2}
orked or	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TOWN	COUNT	Y 5T
21 16 m		22a 1 certify that (1) (thus he saw the deceased alive abave, (1) (we) (did) (di			0	and that in (my) (out) apinian	death accurred an the date		
8	4	TH. SIGNATURE				DEGREE		22c D	ATE SIGNED
AT, if Nem		Lonal	Howe	12	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ND 4	1-27-
MPORTALT II from		127d PHYSICIAN'S NAME (1) DANIF (BURIAL CREMATION REMO	Pow	ies 1	1.D			Rocke	1-27-0 IME, 1

DHMH 16.60M 7/84 (VRA 15, 4)

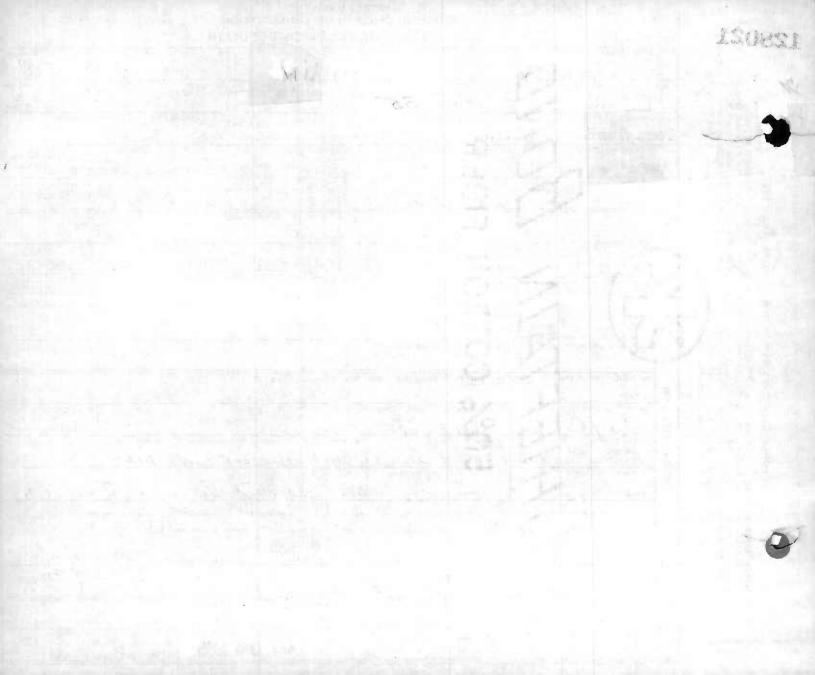
Francis J. Collinsoness itu Blud. W. Silver

1985 January Landala

	5.4	60 4 31 1	int.	12-10	
(11)	Jane July	VV = =		101	astam MA
		o contraction			fanskijveton
	270 Establish		ಾಪಿಸೆಬುರ್-1		
לוני'יייינוי נו. 'יפורפו'' מודג פרופי	Shalman 32	FRORM TRRITE GERMON FO	2022-1-803 10-80-0		- 2 ansi3
	THE ALLOW	19 10 BES	6427 APE		
	oray into		76		



	1.	FOR			DEPARTM	STAT	EALTH A	ND MENT	L HYGIEN	EI	2 ! ;	2 2	
128021		STATE REGISTRAR		ME	DICAL E	XAMINE	R'S CER	RTIFICATI	OF DEA	TH ,	REG. NO.		
THOU		CEASED NAME	FIRST		WIDDLE		LAST			20 DATE KNO		H DAY YEAR	R 26 HOUR
FCESSARY, PLEASE FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	1	Ŧ	run	K			TO	Will	-10	DEATH MA	TED 0 4	30 198	50901
SE S	3. SE)	4.5	RACE	5. DATE OF BIRTH	YEAR 6	LAST BIRTHDAY	MONTHS	1 YR. IF UN	DER 24 HRS.	2c. DATE PRONOUNCED	MONT	H DAY YEA	R 2d HOUR
FEGSSARY, PROPERTY PR			auc.	5 18		35 YRS	MONTHS	DA13 HOUR		DEAD	4	30108	5 4 AM
T LEST A FESS.	7a BI	RTHPLACE (STATE	OR	76. CITIZEN OF W	HAT COUNT	RY?	MARRIED	☐ NEVER M.	ARRIED B	BALTIMORE	CITY OR COU	NTY OF DEATH	
Z=0 .> -		nnsylvan		U.S.A.			WIDOWED	☐ DIV	ORCED 🗆	MON	Itao	nen	J MD
ELAY IS N TO THE FU PE FILED.	10 CI	TY OR TOWN OF	DEATH	(IF NOT IN SUCH FA	PITAL, NURS	EET ADDRESS)	OR OTHER I	NSTITUTION	FOR	IAL OCCUPATE MOST OF WORKING	IFF)		ductio
필요~ # 점	1	Souther	> ac	OR OTHER INSTITUTION, G	201	New	110	PUTCH	Mair	ntenance	Engin	eer;Radi	o Pro-
F ANY DELA AND 3 TO RETAIN P. SHOULD BE I RECORDS	13a S		136 COUN			OR TOWN		INSIDE CITY LIMITES NO	57 130, STRI	ZO 6	PRAN	BY 2081	7)
53.50		THER'S NAME FIRST		MIDDLE	rolli	n n	15	MOTHER'S M. Sara	AIDEN NAME	WIDDLE		SkÏon	
ON ON O		VAS DECEASED EN		MED FORCES?	166 SOCI	AL SECURITY	NO. 17.	INFORMANT		A	DDRESS		20817
A CATE OF PAGES OF PRIVISION		10	(IF FES, GIVE		213-	-56-340	2 A	aron To	llin;6	820 Gra	mby St	.;Bethes	da,Md.
		18 CAUSE OF D	EATH (Enter or	nly one couse per line	for (o), (b),	ond (c).)						APPROXIMA BETWEEN ON	ATE INTERVAL
STON ST. N 24 HOL N 17EM 18 IT PERMIT PERMIT PERMIT POVAL.		PARTIDEAT		TE CAUSE (0)	2-UNS			OUND	H	EAD		10	HYS
PRESTON ST THIN 24 HOU CIL IN ITEM 1 FER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		6 19	4		AS A CONS	EQUENCE O						7 3	
ED WITHIN FENCIL IN AMINER A IL-TRANSIT VA OR REMO		gove rise	if ony, which to immediate	(b)									
201 W UTED) IN PEI EXAM EXAM D MEI-T		lying couse I	ting the <u>under</u> ost.	DUE TO, OR	AS A CONS	EQUENCE O							
C HESEATS	NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMIN	AL DISEASE OR	CONDITION GIVEN	N PART 1 -a				
TAL RECC	CERTIFICATION	190. DATE OF OP	ERATION	196 CONDI	TION FOR W	HICH OPERA	TION WAS I	PERFORMED?				20 AUTOPS	5Y?
A SPECIAL SECTION OF TAKEN OF	1 1	4/30/	83	REMO	VAL	OK	KIDA	16YS				YES 🗆	NOF
ATE STATE ST	1 8	21a. EXTERNAL C	_ /	21b. TIME O	MONTH I	DAY YEAR			IRRED LENTER	ATURE OF INJURY IN	TITEM 18 PART 1 OR	PART 2)	
N STATE OF THE ON THE OF THE O	MEDICAL	UNDERLYING CONTRIBUTING	CAUSE OF	1 00 30	4 2	9 1985	SHI	OT HI	MSELI	= IN	HEAD		
VISION STATE OF THE STATE OF TH	ED	21d. INJURY OCC		21e PLACE	OF INJURY	(AT HOME,	211 LOCAT			CATY OR TOWN		COUNTY	STATE
R: THIS CERTIFICATE SHOULD ATE. WRITING THE WORD "PER WARPED TO THE CHIEF MR. PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEAD D. 21201 PRIOR TO BURRAL, C.	>	AT WORK	T WORK	14	OME	,	6820	GRAN	BYSt	BETHE	SBA 1	MONT	M
ATE, DORV		22a. I certify th	not I took char	ge of the remoins de	scribed obove	e, held on	Autopsy	. Inspe	ction .	Inquiry 4	, ond in my	opinion)
AMINE RIFICA BE FO RECTO		death resulted f	rom: Notu	ral cooses .	Accident [Suic Suic	de L.	Homicide [. Undet	ermined monner			
EXAMNER: CERTIFICATE VILD BE FOR I, WITH THE MARYLAND		-	1	(1)	111.1	1111	0	TITLE (SPECIFY)			./-	. /
* # # # # # # # # # # # # # # # # # # #	1	ACTUAL SIGNATURE	400	and 1	uge	TARS	M.D.	DEAT	MED	ICAL EXAMINER	DAT SIG		0/85
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE AFTER DEATH, WITH	-	EXAMINER'S NA. (TYPE OR PRINT)	ME FR	aveis (3/1	TAYLE	ADE	DRESS \$20	oWisco	usalt	wer	Herse,	tus
DAY OF A	(5	URIAL, CREMATIO				AME OF CEM			23d. LC	CATION	C	OUNTY	STATE
07/84 BP	1	rematio	on	5/1/85	Le	ee Cre	emato	ry	Wa	shing	ton, D		
25M DHMH - 17		UNERAL DIRECTO	P DANZAN	ISKY-GOLDE	ERG ME	MORIAI	CHAP	ELS 250. DA	TE REC'D. BY	REGISTRAR 25	REGISTRAR'	SSIGNATURE	
(VR A15 ME (5))	11	70 Rockv	ille Pi	ike; Rock	rille,	Md. 20	0852	WA	00	1905	whia David	Ann-Randa	K-



DHMH-16 30M 2/80

(VRA 15, 4)

Rockville, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 22 1985 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL muit son- Handere HOMES, P.A., ROCKVILLE, MARYLAND

STATE OF MARYLAND

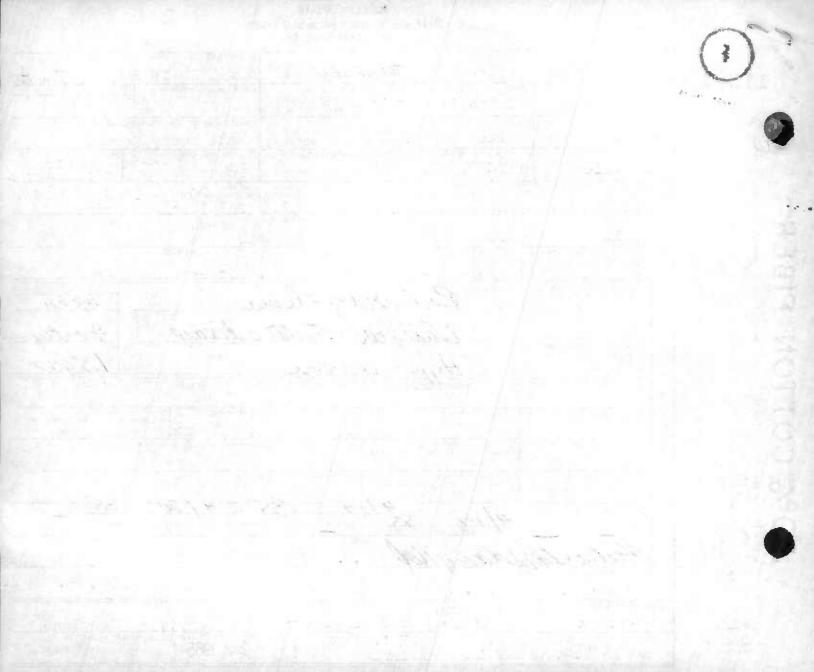
26 HOUR

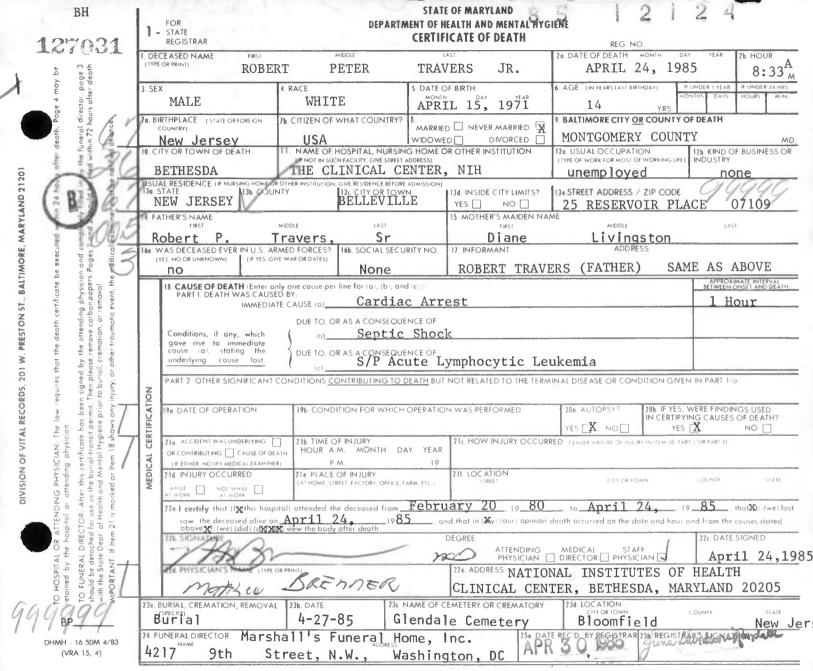
Fuller

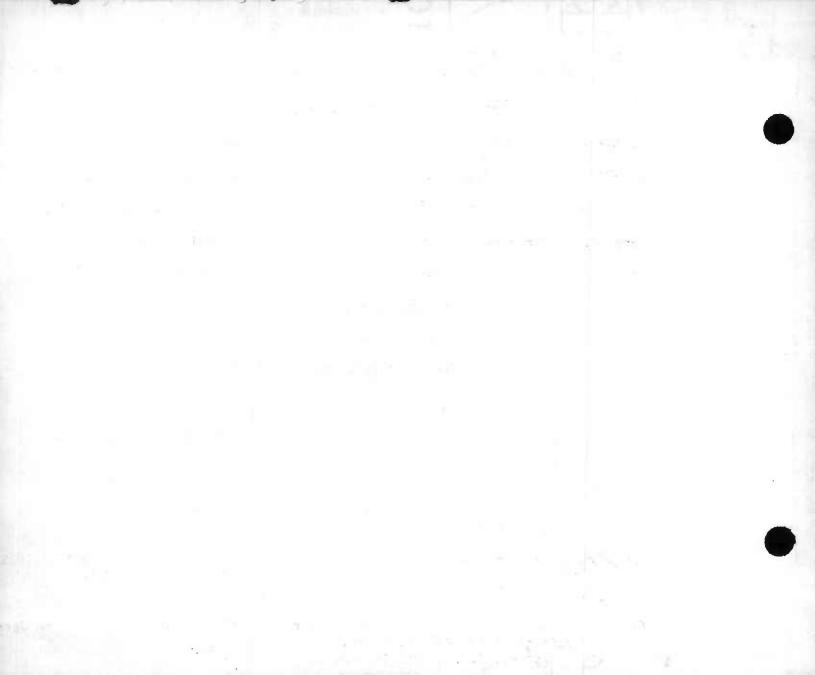
COUNTY

22c. DATE SIGNED

STATE







FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO ECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR PE OR PR TI TURNER ilian 5. DATE OF BIRTH IF UNDER TYEAR 3. SEX A AGE LIN YEARS LAST BIRTHDAY DAYS MONTH YEAR Caucasian Female 1887 Jan. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X COUNTRY Marvland WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING INDUSTRY S Gov 1+ eth orda Nurse undar USUAL RESIDENCE (IF NUR - OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13e. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 20608 Georges Aquasco NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST ttleton Burns Turner, Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTS ister-in-lappress 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Yes Charles Turner, Aquasco, 578-46-6450 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per light lar (a), (b), and PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OP AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED NO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORM 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOIY YES [7] 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) to pinion death occurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Aquasco 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Funeral Home

Waldorf,



page 3 er death

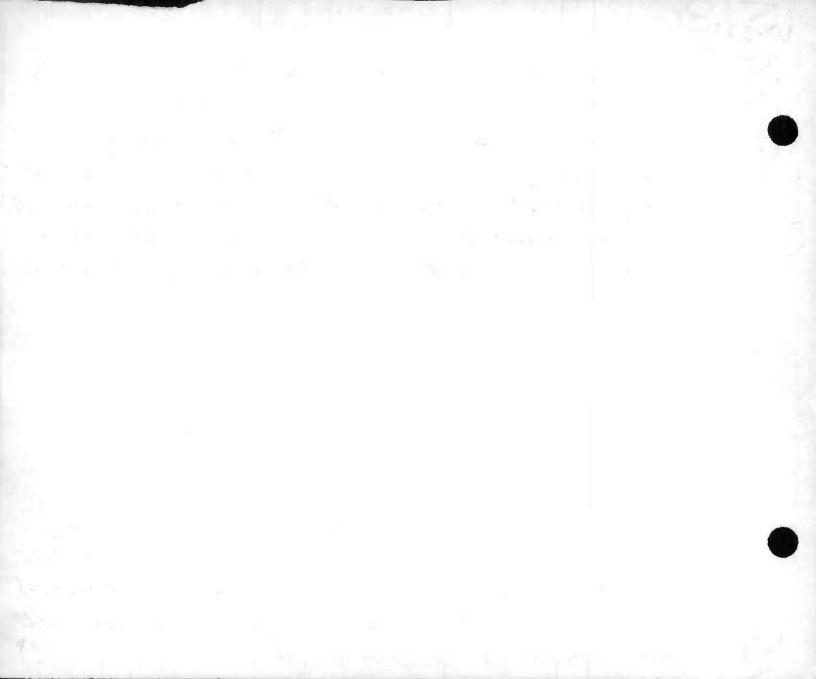
will the Storie Capital Control of the Control of Contr	rer death. Page 4 may b the funeral director. page wrthin 72 haurs after death
	0 3/2/
the State Court of Health and Manner Humisons prince burion or removed	within 72 haurs ofter death
should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filed within 72 hours after death the State Days of Health and Mental Humans principle to burial gramation or remove.	he fuheral director, page 3
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 statutes agreed for use of the burior-transpresent permit Them please remove carbonoppers. Pages 1 and 2 should be filled within 72 hours after death that the control has a final burior director that the control has a final burior director that the control has a final burior director to bring 1 command to the control has a final burior and warmed the control has a final burior and warmed the control has a final burior and section of the control has a final burior and section between the control has a final burior and buri	
retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 though be detectobed for use of the burioul-transplanemit. The phose accompanies. Pages 1 and 2 should be filled within 72 hours after death the the companies and Hally and Mannel Haviston river to haring a removed many after the page.	er death. Page 4 may be
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 2 physician to so the business of the permit Them please remove carbonoppers. Pages 1 and 2 should be filled within 72 hours offer death at the case for the permit Them to the proper among the please remove and permit the page.	
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detentable that within 72 hours ofter death the state force of the burnal Haviston princip force in more carbon pages. I and 2 should be filled within 72 hours ofter death that has been after the state force.	
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fineral director, page 3 though be determined for use on the buring-transmitten physician conductors. Pages 1 and 2 should be filled within 72 hours after death the base pages.	

BP. DHMH - 16 50M 4/83

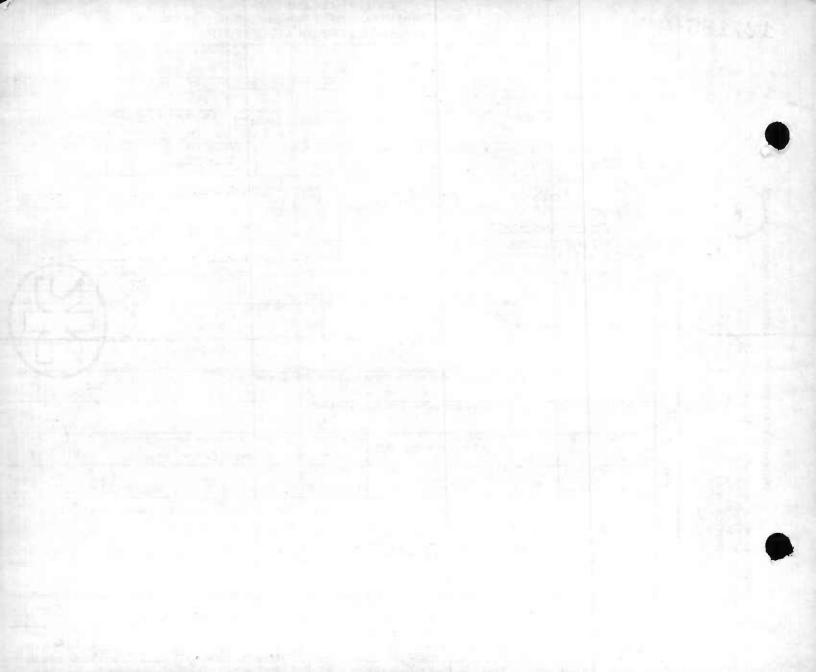
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE	DE		EALTH AND MENTAL HTGI	ENE	<u> </u>	•
	REGISTRAR				REG. N		
	CEASED NAME FIRST	NIE C	T	UANER	APR 11,	1985 YEA	5 A.M
3 SE	X	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		
	Female	CAUCASIO	N 2	- 26- 08	22	YRS	AYS HOURS MIN
7a B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIEI	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	1 1
A	115SOURI	1 115H	WIDOWE		MONITO	omeRU	CO, MD.
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATI		D OF BUSINESS OR
5	LUER SPRII	19 SHUA		NOR	HOMEMA	KER OU	
USU. 13a	AL RESIDENCE (IF NURSING HOME O		E BEFORE ADMISSION) R TOWN	134 INSIDE SATY LIMITS?	13e.STREET ADDRESS	ZIP CODE // 2	-4165 4
m	ARULAND MO	ONT, YOT	OMAC	YES NO	11133 1	4URDIE	HILL DR
14. FA	THER'S NAME	MIDDLE LA	6.7	15 MOTHER'S MAIDEN NAM	AE		
	NILLIAM H		DSON	MINNIE	MARG	ARET L	XNCH
100 .	THO DECEMBED EVEN N. O.O. TO	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	
· ·	YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 511-4	5-1825	O.M. CORN	ELL JR.	(SAME A	45 #1.3)
	18 CAUSE OF DEATH (Enter o		(b), and (c).1	1		APP BETW	PROXIMATE INTERVAL TEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	1,-11	05-11	1 1 1			9.1
	IMMEDIA	TE CAUSE (a)	Januar	fulling			1
		DUE TO, OR AS A CON	SEQUENCE OF	0		5	7 Minut
	Conditions, if any, which gave rise to immediate	(b) \$100	DATAL	lole coll	V		o won y
	couse (0), stating the	DUE TO, OR AS A CON	ISEQUENCE OF				
	underlying couse lost.	((c)					
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	Tito
Z							
CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED
문					YES NOTE	IN CERTIFYING CAU	ISES OF DEATH?
E .	71a. ACCIDENT WAS UNDERLYING [7 216. TIME OF INJURY		21c HOW INJURY OCCURR			
	OR CONTRIBUTING CAUSE OF DE	LICUID A M. MONIT	H DAY YEAR	ZIC TIOW WYJORT OCCORR	ED (ENISK NATURE OF INTO	RT IN HEM IS PART OF PART	2)
S	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	OSEICE EARM FIC I	211 LOCATION STREET	CITY OR TO	wn county	Y STATE
>	AT WORK AT WORK	^	O				
	12a. I certify that (I) (this hasp	oital) ottended the deceased	from T-Q.	1984	to LFM	2V 19 8	that (II) (we) lost
	sow the deceased alive of	ot) yew the body ofter death.	_19 <u> </u>	nd that in (my) (our) apinion o	leath occurred an the d	ate and hour and from	the causes stated
	226 SIGNA I III	or New the oddy offer death.		DEGREE		22c D	ATE SIGNED
	Kt.	Vorus	1	ATTENDING	MEDICAL STAI		1/11/1985
1	224 PHYSICIAN'S NAME INVEST	1	-	PHYSICIAN [DIRECTOR PHYSIC	JAN	111/100
	o :	NOONE			MONSTON	DR . Rock	WILEMA
23a	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	REMATION	4-11-1985	CHAM	BERS CREA	1. RIVERL	DALE P. 6	GC. Md.
24 F	UNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	1-11-11-11	25a. DATE	REC'D BY REGISTRAR	256. REGISTRAR'S SIG	NATURE
11	INI CHAMA	FRE 1 TIL	DRESS SILVE	R SPRINGING!	РК 1 5 198 5	is now diasyd	son-gandell
LVI	114 -111111	して し・ナル	10 - 1 day L	- Dieuronia.			



186 1		OR TATE				ENT OF HEALT	MARYLAND H AND MENT			1 2	. /		
		EASED NAME	FIRST	ME	MIDDLE	CAMINER'S	CERTIFICAT	E OF DE	20 DATE KNOW	G. NO.	DAY YEAR	In uou	
		OR PRINT)	Oliv	ia	s.		Tyler		OF ESTI-		28 19 85	2b. HOUF	
	sex Fer	male Bl	ack	S. DATE OF BIRTH MONTH DAY Apr. 21, 1957 28 YRS S. DATE OF BIRTH MONTH DAY APR. 16 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE PRONOUNCE DEAD				2c DATE PRONOUNCED	MONTH	DAY YEAR 28 1985	9:14		
	FOR	THPLACE (STATE OR		USA MARRIED NEVER MARRIED MONTGOMERY						_			
	Ro	y or town of de ockville		(IF NOT IN SUCH F Shady	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Shady Grove Hospital Waitress					(TYPE OF WORK	12b KIND OF BU OR INDUST		
	SUAI a ST	RESIDENCE (IF IN N ATE Md.	13b COUN Mont		130 CITY OF ROCKV		13d INSIDE CITY LIMI	13° 13° 516	REEI ADDRESS 17 First	Street	20	0850	
14	I. FA	THER'S NAME FIRST Jame	es Hec	kstall	LAS	7	15. MOTHER'S M	Eli:	zabeth Ty	ler	LAST		
16	(YE	AS DECEASED EVEL S. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	16b SOCIA	L SECURITY NO.	17 INFORMANT Elizab	eth Eva	ans (Moth	,	me as #1	_3	
	7	Conditions, if gove rise to couse (a) stating lying cause last	MAS CAUSEI IMMEDIA any, which immediate g the under-	TE CAUSE (o) B (b) DUE TO, OI (c) (c)	PLANT TO	CAUMA TO QUENCE OF		IN PART 1 to			BETWEEN ONSE	T AND DEATH	
	CERTIFICATION	19a. DATE OF OPER	ATION				WAS PERFORMED?				20 AUTOPSY	/? NO □	
	SAL CAL	210 EXTERNAL CAU UNDERLYING CONTRIBUTING 21d. INJURY OCCUI WHILE AT WORK	OR CAUSE OF I	DEATH 8:15.A	OF INJURY M. 4 2 OF INJURY CTORY, FARM, ETC.) STREET	28 19 85 E	assenger	in aut	co/auto ir	mpact.		, MD.	
73		220. I certify that death resulted Ira ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) RIAL, CREMATION,	m: Natur	nnis F. S	Accident S	held an Auto	npsy X, Insp Hamicide Title (SPECIF M.D. ASSIST	ection Onder Onde	Inquiry, termined manner [DICAL EXAMINER St. Balt	ond in my o	ED. 4/2	9/85	
13	(SP	Burial		5-2-85		klawn Mer		CITY	ockville,	Montg	. Md.	STATE	
H - 17 5 ME (5))		NERAL DIRECTOR		24	6 N. Wa	shington		ATE REC'D. B	Y REGISTRAR 256 1	REGISTRAR'S	Md. SIGNATURE Pandall	1	



poge 3

- STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

FEMALE

MARYLAND

(YES, NO OR UNKNOWN)

14 FATHER'S NAME

HETHPLACE (STATE OR FOREIGN

SALVADOR

USUAL RESIDENCE (IF NURSING HOME OR OTHER

RICARDO 160 WAS DECEASED EVER IN U.S. ARMED I

> Conditions, if any, which gove rise to immediate cause (a), stating

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

saw the deceased alive an

18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY.

3. SEX

13e. STATE

NO

FIRST

Norma

N3b COUNTY

IMMEDIATE CA

HRINCE

7h. CI

11. h

MIDDLE

DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HAY CERTIFICATE OF DEATH	REG. NO.	2 ! 2	3
MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
Ę.	Vanegas		4-7-85	10 PM
CE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	
AUCASIAN	NOV 13. 1947	37	YRS.	MOOKS MIN
TIZEN OF WHAT COUNT	RY? 8 MARRIED XX NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
II S A	WIDOWED DIVORCED	manta	neno	MD.
AME OF HOSPITAL, NUE	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h. KIND	OF BUSINESS OR
F NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	CIFRK-TVPT		
INSTITUTION, GIVE RESIDENCE BE				W
13t. CITY OR T		13e STREET ADDRESS / Z		OT 00762
EORGEIS LANGI	FY PARK YES WX NO 1		QUINWOOD	\$1.70783
LAST	FIRST	MIDDLE		AST
TRIGUEROS		I.SCA ADDRESS		PTILLO
ORCES? 16b SOCIALS	ECURITY NO. 17. INFORMANT	ADDRESS		
579-	-72-7495 CFSAR D. V	ANEGAS SAME	AS 13	HUSBAND
cause per like (s) (a), (b)	to Resper ton	arrest	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
OUE TO, OR AS ACONS	QUENCE OF LUNT & RE	momha	٧_	48 hs
DUE TO, OR AS A CONSE	fured lettracian	of avenry	Su 4	48 ks
HY DU	PLUSED	NINAL DISEASE OR CONDI	DON GIVEN IN PART I	(0)
E CONDITION FOR WH	CH OPERATION WAS PERFORMED		106. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
16. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	N ITEM 18 PART 1 OR PART 2)	
HOUR A.M. MONTH	DAY YEAR			
Is. PLACE OF INJURY	711 LOCATION			
AT HOME STREET, FACTORY, OFF		CITY OR TOWN	COUNTY	STATE
		/		

ŔN. physicic offe pee permit. Ö. this certificate has the burial-transit pe and Mental Hygiene in the State Dept. of Health FUNERAL DIRECTOR: 0 BP

BALTIMORE, MARYLAND 2120

W. PRESTON ST.

201

DIVISION OF VITAL RECORDS,

MPORTANT: If Hem 23e. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

WHILE

226 SIGNATURE

4/10/85

220.1 certify that (1) (this haspital) attended the deceased from

23c NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

DEGREE

ATTENDING

PHYSICIAN T

23d LOCATION CITY OR TOWN SILVER SPRING

MEDICAL

and that in (my) (our) apinion death occurred an the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

COUNTY STATE

22c. DATE SIGNED

CERTIFICATION

MEDICAL

shaws any

00

marked ar

500 UNIV. BLVD., W., SILVER SPRING. MD. 20901

236. DATE

24 FUNERALDIRECTOR FRANCIS J. COLLINS BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

h . Market E. Donaldson 1 Marriag Act My 1 3 19 Longett marietà et il il Came in for some I Lagrana promise promper 1775 L'EXPENSE LABORATE MARINE - 11 Chilanel happer times College The Comment of the PARTY A MANAGER OF BUILDING TO STATE OF THE
١,	FOR			STATE DEPARTMENT OF	TE OF MARYLAI		NE 2	12	9
) 1.	STATE REGISTRAR		ME	DICAL EXAMIN	ER'S CERTIFI	CATE OF DE	ATH REG.	NO.	
	ECEASED NA	ME FIRST	ian	MIDDLE	VENEZA	(y	2a DATE KNOWN OF ESTI- DEATH MATED	MONTH D/	19 85 P. A
	EX Iale BIRTHPLACE	4 RACE White	Oct. 30,	Oct. 30, 1923 61 YRS HOURS AND PRONOUNCED 4					
7 a	BIRTHPLACE FOREIGN COUNTR DASHING CITY OR TOW	TON. DC	U.S.A.		WIDOWED	DIVORCED X	Montgon	nery Cour	
	AUREL		3826 L	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) 3826 Lansdale Court CON OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)					
5 13a M	state larylan	d Mon		LAUREL	13d. INSIDE (treet address 826 Lansdal	e Court	ERVICES 20707
2	SAMUEL		MIDDLE	VENEZKY	A٨	ER'S MAIDEN NA/	WIDDLE		RAÜS
160	WAS DECEA!	SED EVER IN U.S. A	ARMED FORCES?	578-20-5	DI	TSY R. V	ENEZKY, A382		ALE COURT RYLAND
MEDICAL CERTIFICATION	gave cause lying c	ians, if any, white rise to immedia (a) stating the under ause last. SIGNIFICANT CONDITION	None	R AS A CONSEQUENCE (BUT NOT RELATED TO THE YERM ITION FOR WHICH OPER	INAL DISEASE OR CONDITIO			120	0 AUTOPSY?
CERTIFICATION	N 21a EXTER	one	216 TIME C		21c HOW INJURY	OCCURRED IENT	ER NATURE OF INJURY IN ITEM		YES NO 🔀
MEDICAL	CONTRIBU	OCCURRED NOT WHILE AT WORK	F DEATH P.A		None		CITY OR TOWN	COUNTY	STATE
2-		ulted from: No	tural causes XI	- pom	TITLE (S	eputy MI 1919 Sem	Inquiry Jetermined manner EDICAL EXAMINER inary Road pring, Mont	DATE SIGNED_	5/1/85
E	BURTAL	ation, removal	5/2/1985	MOUNT LE	AETERY OR CREMATE	TERY A	DELPHI, GFO		MARY LAND
			HEBREW ME	MORIAL FUNE WASHINGTO		25a. DATE REC'D	O HORSE	GISTRAR'S SIGN	

20M 4/82

		Allsa	Ligh,	
	13 4801		print	
	smadelle Cou	3886	75444	
		Vancout,	no Mont	Heryle
	-3-7			
, Sei.	00000000	A-		
		7.10°		
			lione	
		-		

John S. Hogern, M.L.

Deputy South South

Silver Spring, Nembromery, Ed.

3826 Lamedalo Court



IMPORTANT: If them 21 is marked ar Item 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE			
CERTIFICATE OF DEATH			

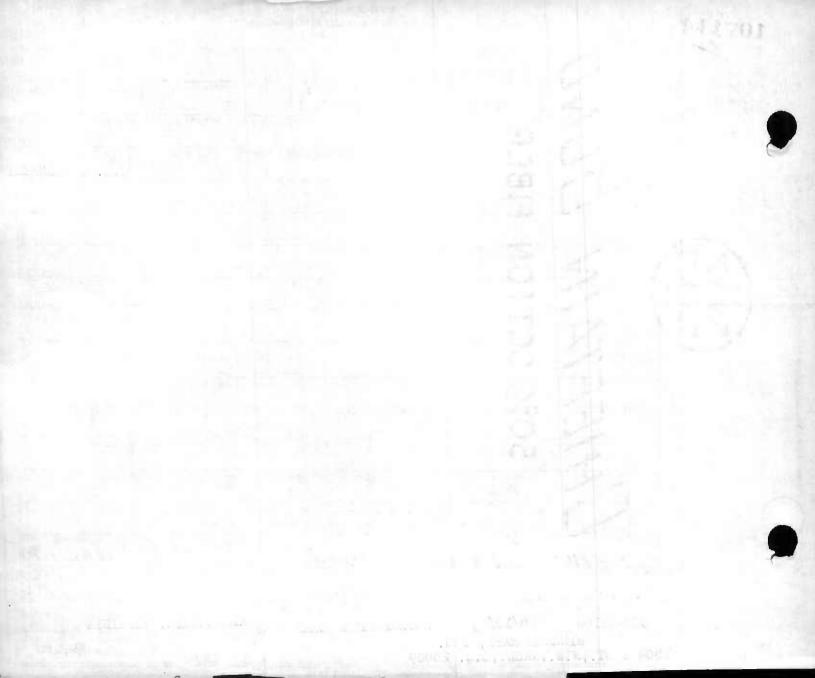
4	1 -	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0.	0 1	
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(1186	LEONORE UHLMANN WAGNER			APRIL 9 1	985		8.50 PM		
	3. SE.	X	4 RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
	F	FEMALE	CAUCAS		1	RUARY 17 1924	61	YRS	S DATS	HOURS MIN,
7		RTHPLACE (STATE OF FOREIGN COUNTY)	16. CITIZEN OF UNITED	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O)EATH	MD
1		ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET NAVAL HO	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12	JULISTRY	F BUSINESS OR OVERNMENT
2	USU 13a S MA	AL RESIDENCE (IF NURSING HOME C STATE LRYLAND MONT	OR OTHER INSTITUTION INTY GOMERY	13c. CITY OR TOW BETHES	VN	13d INSIDE CITY LIMITS?	4548 FAIR	ZIP CODE FIELD DR	IVE	20814
1	14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA				
4		ROBERT UHL		LAST		FIRST	RUD RELEMANI	T.	LAST	
H				166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE			
	(YES NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	025-24-	9253	ROBERT CAMNER	991/ CECO	TO ATTENTION	E CII	WED CODING
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)_	OR AS A CONSEQU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	N PART No	
1	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES X NO	206 IF YES, WE IN CERTIFYING YES 📉	CAUSES	GS USED OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	OF INJURY ,M. MONTH D .M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE	FARM ETC)	214 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
		22a.1 certify that (1) (this hasp				CH 21 . 1985	to APRIL 9			hot (I) (we) last
		saw the deceased alive a above, (1) (we) (did) (did)		L 9 19 8	85 。	nd that in (my) (our) apinion o	death accurred on the de	ate and hour and	from the c	ouses stated
		22b. SIGNATURE	11	*		DEGREE			22c. DATE S	
,		Mer	ull	4	/	MA ATTENDING PHYSICIAN [MEDICAL STAI	IAN	1414	pul &s
-		224 PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS NAVAL			EDICA	L COMMAND
		J. B. HERMILL	ER. LT.	MC. USNR		NATIONAL CAP				
		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	123/LIOCATION			
		CREMATION	4/10/	85 ME	TROPO	LITAN CREMATO	ALEXANDR	IA, VIRG	INIA	STATE
		UNERAL DIRECTOR DICILIA	DD DADD	TMO		25a DATI	F REC'D BY REGISTRAR	75h REGISTRAP	SSIGNATI	IDE

DHMH - 16 60M 7/84 (VRA 15. 4)

BP.

RICHARD RAPP, INCADORESS 1904 T ST., N.W., WASH., D.G. 20009

registrar son fandell



113130

FOR

REGISTRAR

MALE

ALAYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

21d INJURY OCCURRED

230 BURIAL CREMATION, REMOVAL BURTIAL

70. BIRTHPLACE I STATE OR FOREIGN

DECEASED NAME LIVEE OF PRINTS

- STATE

POLAND

MARYLAND

14. FATHER'S NAME PINCHAS'S

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH FEBRUARY 8. 1909 / HITE BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED ISRAEL MONTGOMERY MAINTENANCE AUTOMOBILE ---20901---13e STREET ADDRESS / ZIP CODE 9510 LAWNSBERRY TERRACE WALDFOGEL ESTHER MASKOWITZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 9510 LAWNSBERRY TERRACE ETO EN ONOAN TAVE WALD

18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line far (a), (b), and (c) ATECAUSE (a) Cardia Arrest	APPROXIMATE INTERVA BETWEEN ONSET AND DE
Canditians, if any, which gove rise to immediate cause (o), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	

21e PLACE OF INJURY

MONTGOMERY

AUDOLE

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING

AT HOME STREET FACTORY OFFICE FARM ETC.)

HOUR A.M. MONTH DAY YEAR

211 LOCATION

20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

COUNTY

APRIL 12,1985

STATE CITY OR TOWN

apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

DR. PHILLIP W. POTH, M. D.

22a. I certify that (I) (this haspital) attended the deceased from

22e ADDRESS 831 UNIVERSITY BOULEVARD, EAST

PHYSICIAN DIRECTOR PHYSICIAN

SILVER SPRING, MARYLAND KING DAVID MEMORIALY GARDEN FALLS CHURCH, VIRGINIA 4/15/1985

2DUNALDIRM: OBTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

in Devidson-Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

ч		REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.				
łI		CEASED NAME FIRST	MID	DIE	MAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b F	HOUR		
1	(TYPE	ORPRINT)	M	Waldı	m 2 m		3 31	85 9	7 13		
	3. SEX	Lillie_	I4 RACE	211	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF L	INDER I YEAR IF UI	NDER 24 HRS		
	-		- KINGE	MONT				THS DAYS HOL	AS MIN		
		Female Female	Whi		16 18	66	YRS				
21		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	ED X NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY OF	DEATH			
60	1.1	rkansas	U.S.A			Mor	1490m	RCU	MD.		
		ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF BU	SINESSOR		
\cap	0.2	Tours Constant		ACILITY, GIVE STREET ADDRESS)		LOUIS OF WORK FOR MOST		INDUSTRY			
		lver Spring		OSS HOSPITAL		Housewife		Own Hom	ie		
4	13a. S	AL RESIDENCE (IF NURSING HOME COL	INTY 13	CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS					
1		ryland P.	G.	Hyattsville	YES X NO	3111 Madi	son Stre	eet 207	82		
,	FA	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME		IAST			
4		Noah	***************************************	Simpson	Julia	***************************************		George			
6	Tág. V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDF	ESS Addre	ss Same			
/]	10		IVE WAR OR DATES)	E70 07 0000	Joseph M. Wa	aldman 'Sn'	No# 1	3e.	2		
7	_	No		579-07-9008	Paschu We in	Witnesse Die	11,011	The second secon	TOTAL COLUMN		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per lin	ne for tail, the and ref	Contract to			MI WEEK CHIEF	AND DEATH		
			ATE CAUSE (a)	Decage	- Crus			30	m		
			DUE TO OR A	S A CONSEQUENCE OF	/	11 11		,	11		
		Conditions, if any, which	((6)	Hesakon	aucordia.	Ineil Co		1600	Li		
		gove rise to immediate cause (a), stating the		10				-	100		
1		underlying cause last	DUE TO, OR A	AS A CONSEQUENCE OF	al circle	(Dea					
		D. O. C.	(c)	110	00000		In ITION CONTEN				
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
_	CERTIFICATION		Tim Constitu	OLL FOR WHICH ORED LTIC	21111110 2525 021152	20 AUTORCY2	TOU IF YES IN	ERE FINDINGS I	UCED		
7	ICA.	19a DATE OF OPERATION	196 CONDING	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		IG CAUSES OF D			
4	#					YES NO	YES [] N	0 🗍		
3	8	210. ACCIDENT WAS UNDERLYING	110110 111	MONTH DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	OR PART 2)			
/	7	OR CONTRIBUTING CAUSE OF DE	LA IN	MONTH DAT TEAK							
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF		211 LOCATION						
	*	WHILE NOT WHILE	(AT HOME STREET	T. FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR T	NWC	COUNTY	STATE		
		AT WORK AT WORK			1 vomber 10 5	4 3	-3/	N			
		22a.1 certify that (1) (this hosp				/to	. 19		(I) (we) last		
		saw the deceased glive a abave, (I) (we) (did) this	n the body al	ter-death	and that in (my) (our) opinion	n death occurred an the o	late and havr ar	nd fram the cause	es stated		
		22b. SIGNATURE		// ~ ~	DEGREE			22c. DATE SIGN	NED		
,		Wes	_ //	Posts Au	ATTENDING PHYSICIAN	MEDICAL STA		3-3/1	A		
H		22d. PHYSICIAN'S	OR PRINT)	a francisco	22e ADDRESS	30 0 Mu	CRI AL	MT.			
П		177	1 DON /-	EIECAMO.D	0.08	SO C. ROUG	20 11	6 200	2 .		
-		1 41	190/8	EUCHIN	1 11000	RIFECA	15- M	1,209	10		
		BURIAL, CREMATION, REMOVA (SPECIFY)			CEMETERY OR CREMATORY	CITY OF TOWN		QUNTY	STATE		
		Burial	4-3-85		ncoln Cemeter	ry Brentwoo	d P.	G. Ma	ryland		
	24_FL	uneral director cancis Gasch's	Sone Fine	ral Home P	Δ 25e DA	ATE REC'D. BY REGISTRA					
		39 Baltimore A				PK 4 1085	Ba Das	idson-Ran	dates		
- 4	7/	2) DateTHOLE V	ve. Hyall	DATTE MO"	44/01	- 1000	1/				

DHMH - 16 60M 7/84 (VRA 15, 4)

f Jenn

Three Same was Structured as John W. Saldman, Sr. Vo 170.

again 29A

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME DAY 2b HOUR (TYPE OR PRINT) Ulluan 50265 3 (JN YEARSMAST BIRTHDAY) IF UNDER TYPAS TO BIRTHPLACE ... ATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Massachusetts Montgomery WIDOWED DIVORCED 125 KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRES Holy Cross Hospital Silver Spring USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 13d. INSIDE CITY LIMITS? ADDRESS / ZIP GODE Highland Drive Silver Spring Maryland Montgomery 20940 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Michael MIDDLE Anna Ware. Gannon **ADDRESS** 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 013-18-1878 Joan B. Ware Yes Wife Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE I AT HOME STREET FACTORY OFFICE FARM ETC NOT WHILE AT WORK AT WORK 22a. | certify that (1) (this haspital) gate deceased alive an ... and that in (my) (aur) apinian death accurred on the date and have and from the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN LITTE OR PRINT 17T ADDRESS 1 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL April 2,1985 Gate of Heaven Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR Francis J. Collins, DDRESS DHMH - 16 60M 7/84 500 University Blvd. W. Silver Spring. (VRA 15, 4)

TOTAL OF

FUNERAL DIRECTOR RICHARD RAPP, INC. 1804 T ST., N.W., WASHINGTON, D.E.

DHMH - 16 50M 4/83

(VRA 15, 4)

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- with wind treasure he had bridged

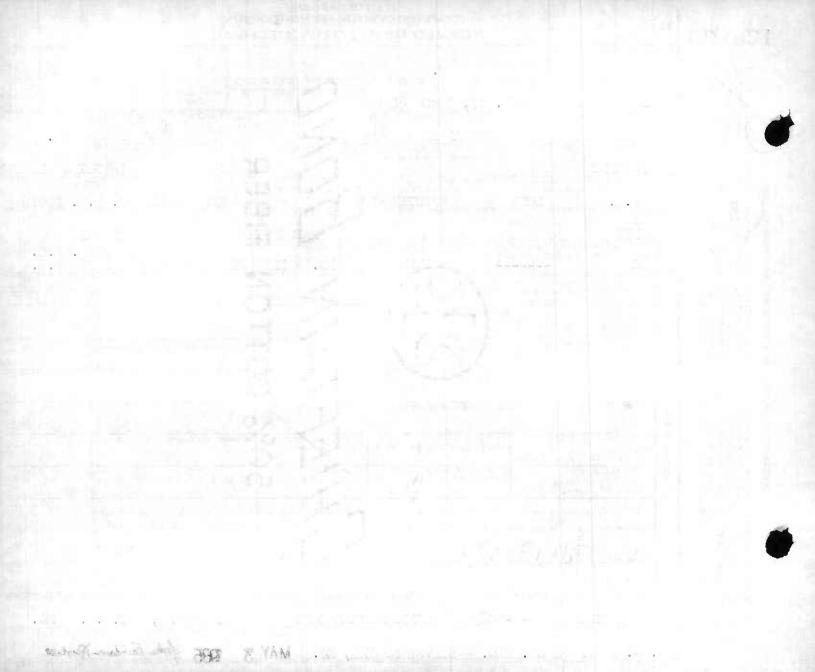
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WIGIENP

The state of the s ETATU III ANTICO TELEN Crasm Preference that Here I are a first transfer of the first tra THE RESERVE TO THE PARTY OF THE Of the state of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTS DEATH MATED BRUNO R. 19 85 WEBER 2d HOUR 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR JE LINDER 24 HRS DATE YEAR LAST BIRTHDAY) 1:06 PRONOUNCED 1942 42 YRS DEAD 1985 MALE WHITTE BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY! WIDOWED [DIVORCED SWITZERLAND SWITZERLAND Montgomery County CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY POTOMAC Potomac River CONSULAR SWISS EMBASSY USUAL RESIDENCE (IF IN NUMBER AND COUNTRY INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS COUNTY 30 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NONE WASHINGTON YES X 4900 RODMAN ST. D.C. NO N.W. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FELTX FLUGEL WEBER MARGUERTIE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO ADDRESS WASH. D.C. IYES, NO. OR UNKNOWNI I HE YES GIVE WAR OR DATES NONE NO CATHEDRAL AVE N.W. MR. HEINZ WEY 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF WRITING ITE. WELL WARDED TO THE CHIEF WELL SA BURIAL IN AGE 3 SHOULD BE USED AS A BURIAL ITATE DEPARTMENT OF HEALTH AND MEN 21201 PRIÇAR TO BURIAL, CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head, Only 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 4-5-19 85 Subject drowned 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. 1 CITY OF TOWN COUNTY STATE AT WORK NOT WHILE Great Falls Park MD AT WORK Potomac River Montgomery FXECUTE THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEXECUTE AFTER DEATH, WITH THE ST.

BALTMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an and in my apinion Suicide X death resulted from Natural couses Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant 4-30-85 SIGNATURE 111 Penn St., Balto., MD EXAMINER'S NAME Ann M./ Dixon, M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 5-1-1985 CREMATION CHAMBERS CREMATORY RIVERDALE P.G.C. Md. 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) W. CHAMBERS CO. a Davidson-Rando Be INC. SILVER SPRING.



STATE OF MARYLAND 19020 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME Carolyn April 18,1985 Weller 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 29,1888 Female Caucasian

TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States WIDOWED X Montgomery County 10 CITY OR TOWN OF DEATH Kensington Kensington Gardens Homemaker Home In county lontgomery 13e STREET ADDRESS / ZIP CODE 4422 RosedaleAvenue Maryland 20814 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIOOLE MIDDLE Asher Thomas Annie Mayhew ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Grandson Joseph Anderson 36 1963 Same as item 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE O gove rise to immediate io), stating couse CERTIFICATION 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF LOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 19 sow the deceased alive on the body after death. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING **IMEDICAL** MO remy PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS V. Cooke, M.D. Jeremy 10400 Conn. Ave. Kensington, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

230 BURIAL, CREMATION, REMOVAL

ould be

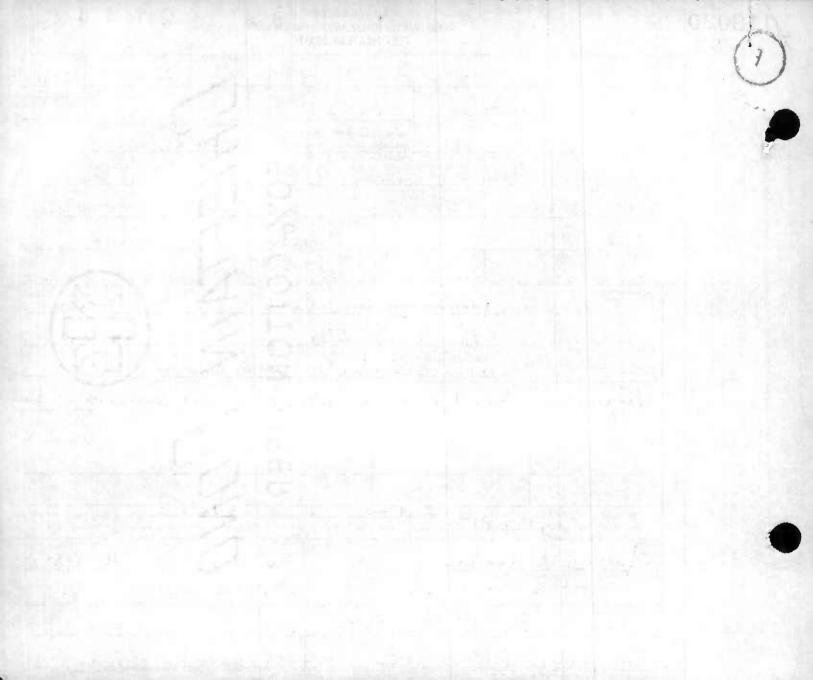
20,1985 Presbyteria
24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL
HOMES, P.A., BETHESDA, MÄRYLAND

23b. DATEApril

Presbyterian Ch. Cem. McLean, Virgini
REY FUNERAL 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 2 2 1005

or Manda



STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF

24 FUNERAL DIRECTOR 316 E. Diamond Ave., Gaithersburg, Md. 20877 Gartner Sandison F.H.

23b. DATE

230. BURIAL CREMATION, REMOVAL

Burial

my

23c NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery PISSAR HALLES Alexando

Rockville

NO F

26 HOUR

045

IE LINDER 24 HRS



TO HOSPITAL

BP DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT: If them 21 is marked or Item 18 incompany, or other traumatic event,

102113

FOR - STATE

STATE OF MARYLAND

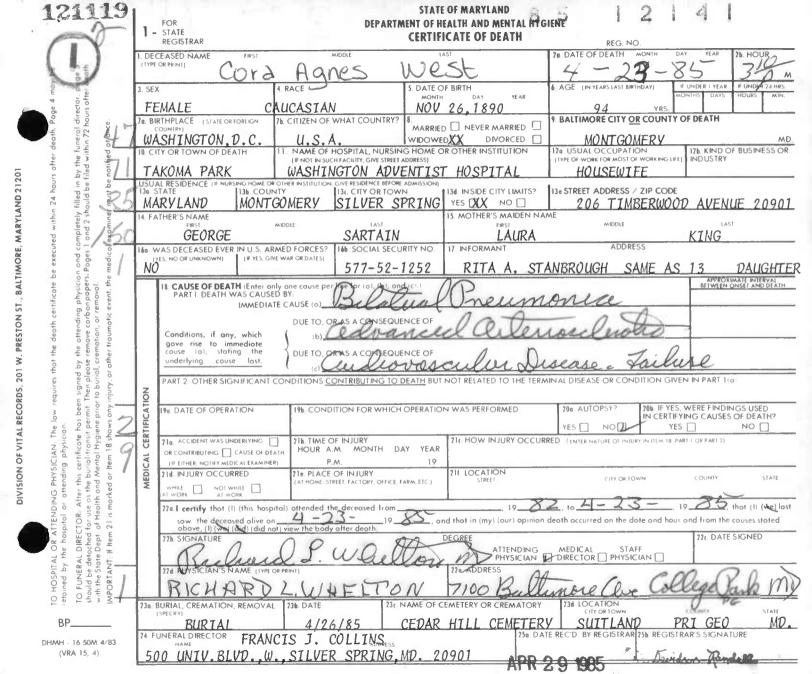
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	REGISTRAR		42111111111111	or beating	REG. NO.					
ı	1. DECEASED NAME FIRST	WIDDLE	LAST	1	20 DATE OF DEATH	MONTH DAY		HOUR		
ı	(TYPE OR PRINT) Elizab	reth L.	WERL	Land		4-4-	82 1	DOD AM		
1	3. SEX	4 RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRT	UNDER 24 HRS				
4	Female	CAUcasian	4	7 43	4/	YRS	5 DAYS HO			
	78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AAADDIED WA	EVER MARRIED	9. BALTIMORE CITY O	COUNTY OF D	EATH			
	Illinois	U.S.	WIDOWED	DIVORCED [Montgomery County					
Λ	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 		ER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		L KIND OF BU	JSINESS OR		
	TAKOMA PARIC	Washington Adven		pital	Manager		Bankin	g		
1	USUAL RESIDENCE (IF NURSING NOME OR 130. STATE 135 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		SIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE				
2	Maryland Pr Ge	eorge's Bowie			3422 Memph		2071	5		
A	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MC	OTHER'S MAIDEN NAA	AE MIDDLE		LAST			
	Frank	DiMuzio		Laura			Lamont			
5	160 WAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIAL SECUR	RITY NO. 17 INF	ORMANT	ADDRE	2 Mempa:	is Tan	e		
4	NO	399-40-1	491 Ken	neth R. We	entland Boy	ie, Mar	yland	20715		
ľ	18 CAUSE OF DEATH (Enter on	ly ane cause per line torial, (b), and	licii p	-		L	APPROXIMATE BETWEEN ONSE	T AND DEATH		
1	PART I. DEATH WAS CAUSEI IMMEDIAT	E CAUSE (a) KESDII	along	long tailure lueck						
1			>	1						
1	Conditions, if any, which	DUE TO, OR AS A CONSTITUE	spale	aden can	CINOMO DE	was.	Smok	1/4		
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF							
	underlying cause last	(c)								
	PART 2 OTHER SIGNIFICANT C	PART Ira								
-	190 DATE OF OPERATION	JUAN HYDE	ralco	min -	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED					
	5 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	106 IF YES, WEF				
	RILL				YES NOXX	YES [10 🗌		
I		216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PARI 2)			
	(IF EITHER NOTHY MEDICAL EXAMINER	1	19							
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, FA		DCATION STREET	CITY OR TO	VN C	OUNTY	STATE		
	WHILE NOT WHILE AT WORK		7 ma	act or	HA	-/	0-	_		
	The state of the s	tol) attended the defensed from_	6 111111	19 00	to	19	that	(b/we) last		
	tow decased alve on about we (did (did not	t) yew the bady ofter death.			death accurred an the do					
	22h SHEATSTURE	7 //	DEGREE	ATTENDING	MEDICAL STAF		12t DATE SIG	NED		
	KIMMS (1	Lensuga	141)	PHYSICIAN	DIRECTOR PHYSIC	IAN	4/4/	185		
	22d. PHYSICIAN'S NAME (1) 1901	R PRINT)	22e A	DDRESS	(cx)	11 6	1 1/	N/11/		
Ц	Ittomas IT	DENSINGER IV	11) 122	SECHO	UNY CIR II	10c 910	CUBB	16 mi)		
	230 BURIAL, CREMATION, REMOVAL	America h		RY OR CREMATORY	23d LOCATION CITY OF TOWN	rou	NIY Z	0770		
	Cremation	1985 Met	_	lab Halina	y Alexandr		The second second	irginia		
	24 FUNERAL DIRECTOR		Annapoli	s Rd RATI	RED DISTRAR	ISB REGISTRAR'S	SIGNATURE	1		
	Beall Fineral Ho	me Bowie	MD 207	15				-		

Bowie, MD 20715

The proof of the contract of t

PAGE --- Care to control I. Hentined Conte, English English

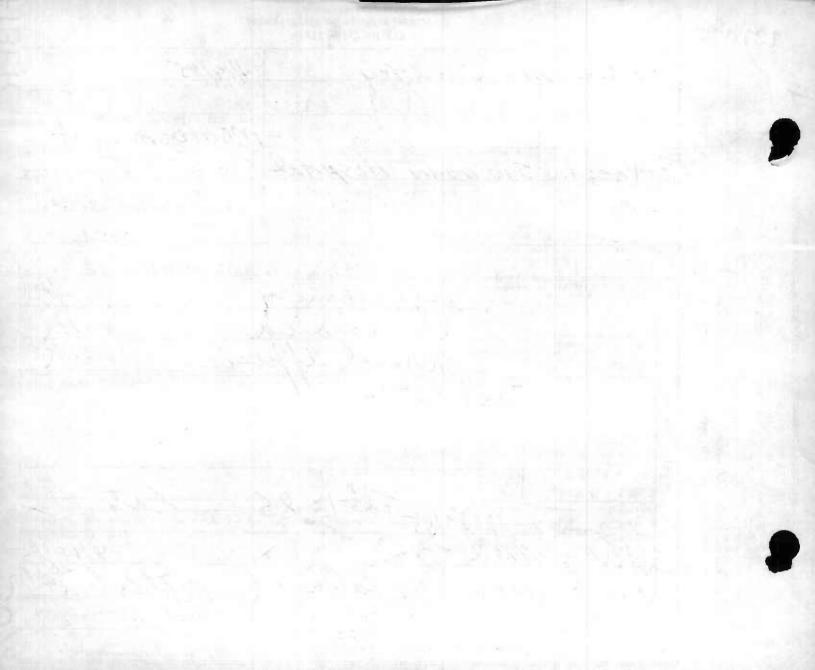


8. - - . 3 J 748 - 51 - 4 58 Salar Barrette

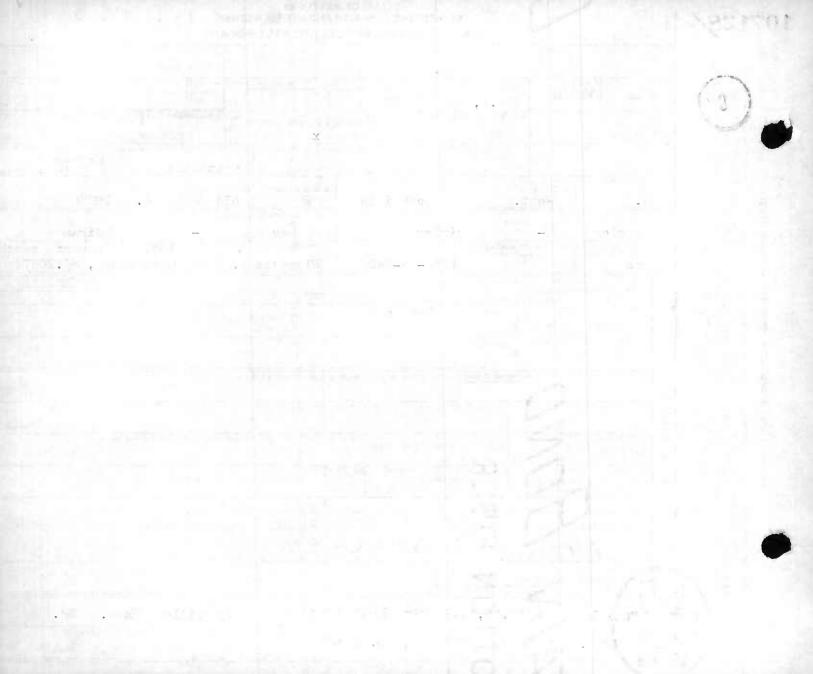
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 127047 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 7b. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LIMITER 21 HRS MONTHS DAYS MONTH DAY YEAR Female Black. 6 1906 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISLAN ON FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Georgia WIDOWEDEX DIVORCED [126 KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CILY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE! Clerk Government THE COUNTY HIS CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Washington 131 Longfellow St.N.W YESX X NO [D.C. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MESSIE FIRST Wesley Mathis Banks Anna ADDRESS was deceased ever in u.s. armed forces? 16b. SOCIAL SECURITY NO. 17 INFORMANT 223 18 4899 Phillis W. Gill 5005-1st St.N.W. D.C. No IA CAUSE OF DEATH (Enter only one couse per line for io.) the PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), storing the underlying course lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIES 20s. IF YES, WERE FINDINGS USED THE DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 28m ALITOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO IT TIE TIME OF INJURY THE HOW INJURY OCCURRED LINES NATURE OF POURY 21s. ACCIDENT WAS UNDERLYING. HOUR A.M. MONTH DAY OF CONTRIBUTING CAUSE OF DEATH 19 OF EITHER NOTIFY MEDIC ALTERANTIES P.M. III. LOCATION 214 INJURY OCCURRED 21s. PLACE OF INJURY COUNTY STREET CITY OF TOWN EAT HOME, STREET, FACTORY, OFFICE, FARM, \$10.3 NOT WHILE IT 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive or and that in (my (a)) apinian death accurred an the date and hour and fram the causes stated above (1) (we) (did) (did not) view the body after depth(" DEGREE 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS* 224 PHYSICIAN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY Suitland P.G. Maryland (SPECIFY) 4/24/85 Lincoln Memorial Burial 24 FUNERAL DIRECTOR N . MS DATE REC'D. BY REGISTRARIZED REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 R.N. Horton Co. Morticians 600-Kennedy APR Julia Davidson-Trandalle

(VRA 15, 4)

STATE OF MARYLAND



7128	11-	FOR STATE					TMENT OF	HEALTI		ENTALH	10		2 !	la de	3	
20		REGISTRAR			MI		EXAMIN	IER'S		CATE	OF DEA		REG. NO			
		CEASED NAM		FIRST		MIDDLE			LAST			20. DATE OF	KNOWNXX ESTI-	MONTH DA	AY YEAR	2b HOU
2 × 2 × 2 × 1			H	folmes	S	K.		Whi	cley				MATED	4-11	1985	
	3 SE	MALE	WHIT		NOV.1,1	YEAR	6. AGE (IN YE LAST BIRTHE 83 Y	AY) MON	HS DAYS	IF UNDER	R 24 HRS.	20. DATE PRONOUI DEAD	NCED	4-11	1985	12:3
3 = 1		74 BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO							R COUNTY O	FDEATH			
WELL BOYE		IRGINIA		- 1	USA				VED 🔀	DIVORC	-	Mo	ntgome	ry Cou	nty,	M
10年本日	10. C	TY OR TOWN	OF DEATH	1	II. NAME OF HO	SPITAL, N	URSING HOM	E, OR OTI	IER INSTITU	TION	12a. US	MOST OF WO	PATION (TYPE	OF WORK 126	KIND OF BU	ISINESS
ACA HA		Rockvil	le		Shady C			ist 1	Hospit	al		stodi		Co	un ty Mainte	none
25 3 8 7 7 S		AL RESIDENCE TATE		COUNTY	OTHER INSTITUTION,	GIVE RESIDENCE	CE BEFORE ADMISS		13d INSIDE C		lua. CTD	EFT ADDD				Haute
SHOULD		Md.	136	Mont			y or town lockvil	le	YES X	NO [4 Fal	ls Rd.	208	50	
10 KIN		ATHER'S NAME					00011111			ER'S MAID						
DIVISION OF WITH	1	Charle	S	-	WIDDLE	hirle	LAST PV		F	May		^	AIDDLE	Madi	gan	
5	160.	VAS DECEASE	EVER IN	U.S. ARME	ED FORCES?		CIAL SECURIT	Y NO.	17 INFOR				10700	A Gun		Branc
Sior	-0	ES, NO, OR UNKNO no	WN) (IF	YES, GIVE WA	AR OR DATES)	214	I - 12-74	26	Flo	rence	. М.	Hash		ntown,		
/	H		F DEATH (Enter only	ane cause per lir				1 110	101100		110011	0.010	T	APPROXIMATI	EINTERVAL
E Z		PARTIDE	ATH WAS	CAUSED	BY: Z		ioscler	otic	Cardi	ovaso	cular	Dise	ase 7	8	BETWEEN ONSE	T AND DEATH
ITEM 18. LONG W PERMIT. GIENE, D VAL.			IN	MEDIATE	CHOSE (G)		NSEQUENCE		001.01	.0 7 4.0 4	0 1 1 0 1	2200				
MINES TERMINES TERMIN		Canditio	ns, if any	, which	1 20010,0			01								
EXAMINER SIAL - TRANS D MENTAL H ON, OR REA	-		stating the		(b)	PASACO	NICEOUENICE	05						-		
			lying cause last.													
ALTH AND ME CREMATION,		BART 2 OTHER C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)													
E W	z	PART 2 UTHER 31	UNITICANT CU	MUITIONS CO	NIKIOUTING TU DEAT	n sul nul ke	LATEU TO THE TEIO	AINAL DISEA	E UK CUNUITIO	M GIVEN IN PA	ART L 10					
HEALTH CREM	음	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED							IMED2				Tar			
S & 2	N S	DAIL OF	O' ERATIC		170 CONL	ALION POP	WINCH OFEI	VALION A	AS PERFOR	THED:				120	0 AUTOPSY	
PRIOR TO BUR	MEDICAL CERTIFICATION	210 EXTERNA	I CALISE !	WAS	21b. TIME C	DE INITIDY		71. 11	OW/ 15 11 10 10	000000000000000000000000000000000000000	D	MATURE OF	Hilliam to Line	1011000000	YES 🗌	NOXX
)	LCE	UNDERLYING	OR		HOUR A.		H DAY YEA	R ZIC. H	OW INJURY	OCCURRE	ED (ENIER	NATURE OF IN	JURY IN ITEM 18 PA	ART TOR PART 2)		
ZIZOI PRIOR	No.	CONTRIBUTI	NG CAL			M. OF INJUR	19	214 : 0	CATION							
	MED	21d. INJURY C	NOT WE			CTORY, FARM,			CATION			CITY OR TO	WN	COUNTY		STATE
		AT WORK	AT WOR	K												
THE STATE DEPARTMENT		220 certi	fy that I to	ak charge	af the remains d	eschibed ab	oave, held an	Autop	isy ,	Inspectio	nXX.	Inquiry	and	d in my apiniat	n	
Z	1	death result	ed from:	Natural	causes XX	Aciden	, s	icide _	, Hamie			termined m				
ARY			da		1)4	7	Usa	110		SPECIFY)						
_ ×		ACTUAL SIGNATURE	Ne	lu	us K	Mu	11/1/1	W.	Assi	stant	t MED	ICAL EXAM	AINER	DATE SIGNED	4-12-8	85
OR S						//		,						0,0,,,,,		
TK.	1	EXAMINER'S (TYPE OR PRI	NAME VT)	Den	nis F. S	Smyth	, M.D.		.ADDRESS_	111 I	Penn	St.,	Balto.	, Md.	2120	1
AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3	23o.B	URIAL, CREMA	TION, REM	OVAL 236	DATE	730	NAME OF CE	METERY C		ORY	23d. LC	CATION		-		
	1	BURI			PR.15,1	985	Par kl	awn	Cemet	ery	R	OCKVI	lle N	Mont.	Md.	ATE
	24 F	UNERAL DIREC	TOR							25e. DATE			AR 256 REGIS	TRAR'S SIGN	IATURE	
5))		FRANCIS	Н. В	ARBEI	R LAYTO	NSVII	LLE, MD	. 208	379		100		100	Trighton	Rande	2 1
'										A DI	2 1 6	1005		110317	1	



W. SILVER SPRING.MD. 20901

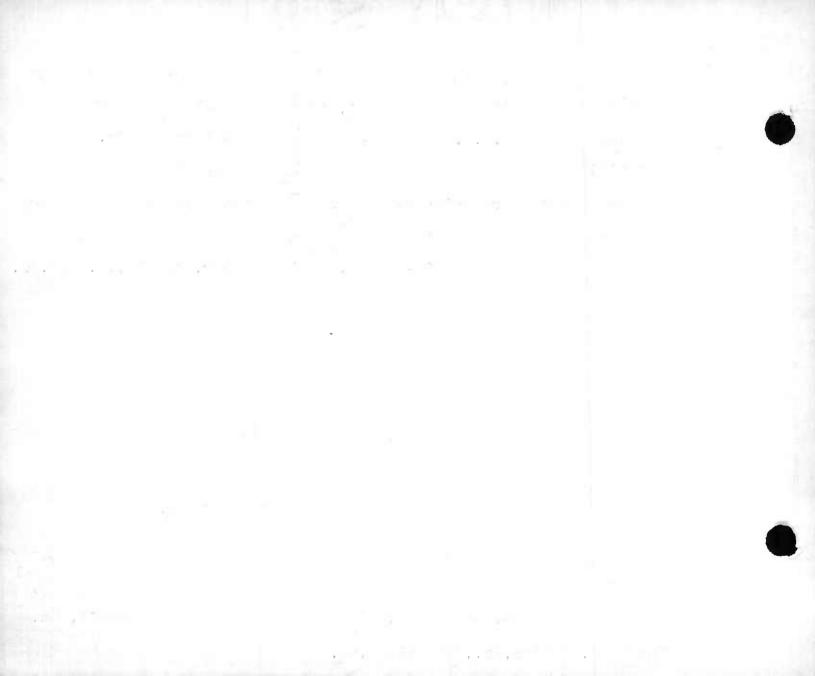
- STATE

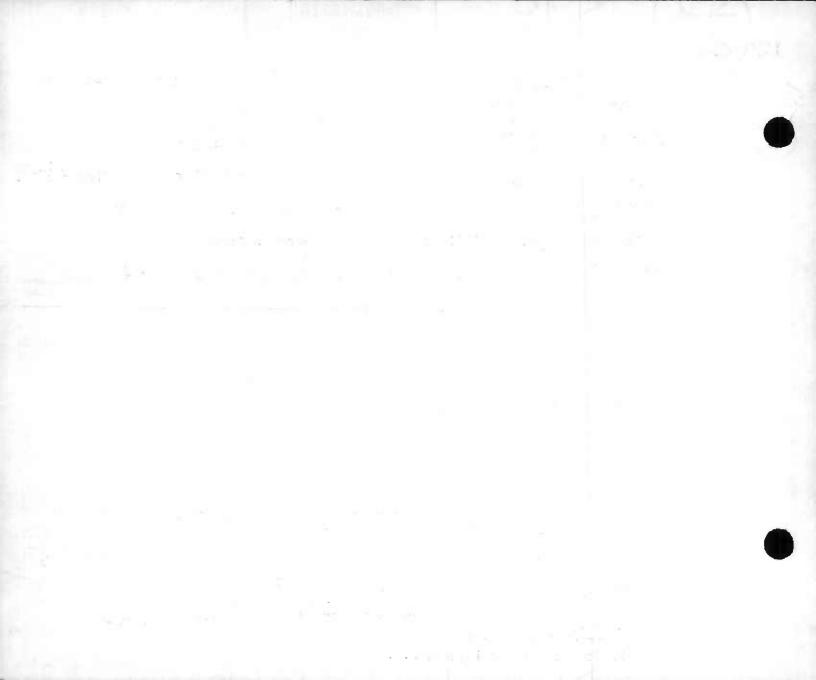
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-St.9 -52 -52 -52 6:12* a through the terms of the the second secon the perfect the second of the second for a to from a state because of so instant state

Medical gramines	1	FOR - STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY	GIENT 2	1 4 5
10 lo ased 10	Ĺ	REGISTRAR			FICATE OF DEATH	REG. NO.	
res Dr. Maye		CEASED NAME FIRST		MIDDLE / 1 · 1	LAST	20. DATE OF DEATH MONI	H DAY YEAR 26 HOUR
E271149		1)05		M. WII	liams	4	27 85 0738 M
2 = 1	3 SE	emale	Blac	5 DATE	TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			OUL	y 1, 1901	83	103
Of 19 55		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S	• A • WIDOW	ED NEVER MARRIED	Montgomer	
		OCKVILLE		HOSPITAL, NURSING HOME CHFACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	126. KIND OF BUSINESS OR INDUSTRY
a AMPLY	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION			
LAND 2120		aryland Wont	gomery	Gaithersbu			st Lane (20879)
1 18 1	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
* 11/4/		Harry		Dorsey	Ída		Unknown
IMORE, reading		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	220-16-093	M. Lucill	e Tyler, Box	587, Mt.airy, Md.
ficate b physicio pappacio pospers novol.	П	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	choric d	structive o	ulma diver	BETWEEN ONSET AND DEATH
N S THE BURN A NA		IMMEDIA	TE CAUSE (a)		3 Tricker 10		Y
STO Menth		Conditions, if any, which	(b)	R AS A CONSEQUENCE OF	- mohy		
A standard		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUENCE OF	8		
¥ to de constant		underlying cause last.	(c)_	N AS A CONSCOUNT OF			
5, 20	١.	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART Trail
08 gr 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ě		oris				
NI RECORDS No lithworston On Toperant The ens prior to I for	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY? 20b	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The Cuttending physicion from this certificate b out the build-fronts is th and Mental Hygies th and Mental Hygies and Menta	S. S.	210. ACCIDENT WAS UNDERLYING	1100110 4		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
A de	CAL	OR CONTRIBUTING CAUSE OF DE	ATPI	M. 19			
NO SEE SEE	MEDIC	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
New State of the S	2	WHILE NOT WHILE AT WORK	(A) HOME SI	REEL, PACTORT, OFFICE PARM ETC.)			, , , , , ,
D 45 4 0 1 5		22a 1 certify that (1) (this hasp	tal) attended/th	ne deceased fram	. 19.8	7 10 9 / 24	, 19 , that (I) (we) last
# 15 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		the deceased alive or about 11) (we) (did) (did no	t) view the bady	after death.	and that in (my) (our) opinion	n death occurred an the date a	nd have and fram the causes stated
OR A DIREC		17% SIGNATURE	0.	0.0	DEGREE	(MEDICAL CTAFF	22c. DATE SIGNE
		Hun K	- Mu	wy	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/24/85
tosettat ned by th funeral uld be det the Store	1	THE PHY ACIAN'S NAME (TYPE	- 1	ſ	77e ADDRESS	1.10.	(10 / 2087)
o Hose runed O Fun WPORTA		John K	. Mela		16220 F	hecurch kond	- Gaiffruit mel
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 4-27	-1985 Name of Mt.	cemetery or crematory Zion	23d LOCATION CITY OR TOWN	Carroll, Md".
DHMH - 16 50M 4/83		UNERAL DIRECTOR		4009566		ATE REC'D. BY REGISTRAR 256.	
(VRA 15, 4)	Ch	arles W.Burr	ier,Jr	.,Sykesvill	e,Md. APR	29 1995 ghi	tainless-Rondalle





121081/	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH REG. NO.								
be be	LIYPE	OR PRINT)	DWAR.		In Willi		DATE OF DEATH	MONTH DAY YE	1030 PM			
	3. SE	Male		White		of Birth 12, 1923 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	DATS HOURS MIN.			
	North Carolina			U.S.A.	WIDOW		Montgomery W. MI					
	Re	thesela.	1	(IF NOT IN SUCH FACILITY, GI	NE STREET, ADDRESS)	Mospital retired file foreman con						
35 and 35	130. 5		Mont	gomer 130. Ro	CKVIIIe	13d. INSIDE CITY LIMITS? YES NO		5825 Crawford Drive 20851				
uted within		Alfred Williams			Florena	AME	Bre					
medical		VAS DECEASED EVER IN YES, NO OR UNKNOWN) Yes	U.S. ARME	PRORCES? 166, SOCI	AL SECURITY NO.	Billy Williar	ns 1918 Gain		20851 Rockville, Mo			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The law requires that the death certificate be executed within the offending physician. We have remove corban popers. Pages I and 2 should not be a propertion of the build-transit permit. Then please remove corban popers. Pages I and 2 should have been started by the order of removal. Orked or them 18 shows any injury, or other troumatic event, the medical examiner		Conditions, if any, very gave rise to immediate (a), stating underlying couse	which diate the last.	DUE TO, OR AS A CO	INSEQUENCE OF	horascular stre vascu	la disea		PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
AL RECORD he law requent. hos been s t permit. The tene prior to	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTO YES							20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)			
At OR ATTENDO the hospital or the hospital or at DIRECTOR. A tree Dept. of Heal Tr. If hem 21 is m	MEDICAL CER		USE OF DEATH (EXAMINER)) (Initial Description of the second of the seco	21b. TIME OF INJURY HOUR A.M. MON P.M. 21c PLACE OF INJURY (AI HOME. STREET, FACTORY) attended the deceased t	19 r, OFFICE, FARM, ETC) d from Apr (19 0) , c	211 LOCATION STREET 1 15 19 0 nd that in (my) (aur) apinion DEGREE ATTENDING		wn coun 1 2 (19 8) ate and hour and from	TY STATE			
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State	230	22d PHYSICIAN'S NAM Barbara B BURIAL, CREMATION, RE BUrial	ayloc			22e ADDRESS	e Blw., Rock					
DHMH - 16 50M 4/83	24 F	UNERATTYSOR WI	neeler	Funeral Hoke, Rokkville	me, Inc.	nd 20852	PR 2 6 1985	256 REGISTRAR'S SIC	GNATURE			

-)	1 10	2"	
A College	à	1	
1	1	1	

.A.3. Toping ding to the

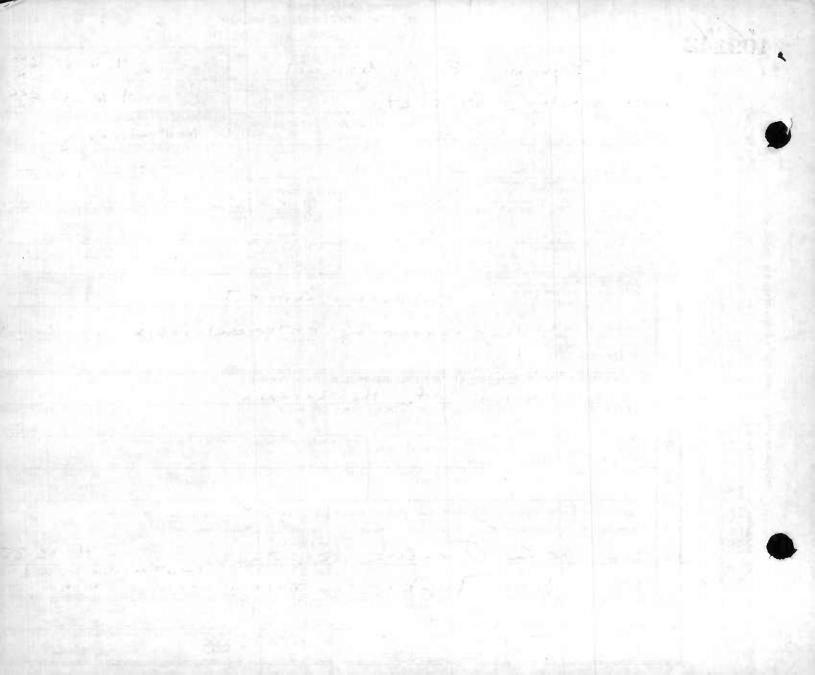
clinico escuelo de la la company

escar one, To.

. , ed.e octe o eco me'no = \.\.\

Caroll avia discludes desi

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE REGISTRAR DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-NO N 19 A M 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR 626 YEAR LAST BIRTHOAY PRONOUNCED 18 DEAD CT YRS AM COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York United States MON WIDOWED X DIVORCED Toomers IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 12902 Atlantic Avenue Chief Petty Officer/U.S. Navy Rockville SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS NO □ 12902 Atlantice Avenue / 20851 Maryland Rockville Montgomery 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Wilmot Flovd Margaret Mae Browne 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Mrs. Joyce M. Hogenmiller, Dgtr. (IF YES, GIVE WAR OR DATES) WWII & Korea 118-12-3083 Hopewell, Pennsylvania 16650 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY arrest Cardiac IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF arteriosclerosis Canditians, if any, which CETENOTgave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) USED AS A ! FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED I THE STATE DEPARTMENT OF HE/ AND, 21201 PRIOR TO BURIAL, (2D AUTOPSY? YES [] NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that I taak charge of the remains described above, held an Inspection TO MEDICAL EXAMINE
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE FE
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTTMORE, MARYLAN death resulted fram: Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIF) ACTUAL DATE SIGNATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Arlington National Cemetery, Burial 16. 1985 Arlington, Virginia 07/84 Robert A. Pumphrey Funeral Homes, 15A PATE REC'P BY REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH - 17 na Davidson Gandops P.A. Rockville, Maryland (VR A15 ME (5))



1-			
129065	FOR - STATE	and the second second	DI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE CERTIFICATE OF DEATH

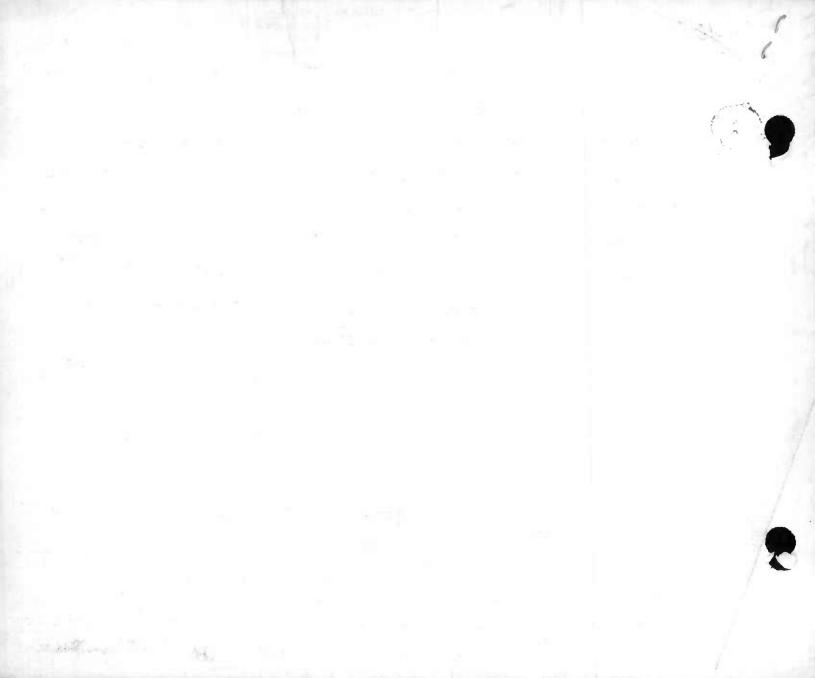
1	2	ĺ	4	A

	REGISTRAR					TENTE OF PENT		REG. N	0.			
	CEASED NAME	FIRST	1	MIDDLE	Į.	AST		20 DATE OF DEATH	MONTH DA	YEAR	26 HOL	JR
		LUKE	WOO	DWARD	WI	LSON		APRIL 30,	1985		3:15	M
1. SE	X		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR		UNDER I YEAR		R 24 HRS
	MALE		TIHW			13, 1912	EAR	72	YRS		HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	DX NEVER MARR	IED 🗆	9 BALTIMORE CITY O	R COUNTY C	FDEATH		
	Illinois		United	States	WIDOW			MONTGOM	ERY COL	INTY,		MD.
10 CI	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCCUPATI		126 KIND C) F BUSINI	ESS OR
	BETHESDA		9100 R	ockville	Pike			Writer/Res	earche	Rese	arch	
	AL RESIDENCE IF NUR	13b COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LI	MITS?	13e STREET ADDRESS	ZIP CODE			
MAI	RYLAND	Mont	gomery	BETHESDA	A	YES NO	□X	9100 ROCK	VILLE E	PIKE	2081	4
14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAI	DEN NAM	AE MIDDLE		4.65	T	
1	Luke	In	gles	Wilson		Helen				Noodwa	rd	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SAME	E AS A	BOVE	
(Yes, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE WW II			578-40-2	2337	MRS. RUT	H WIL	SON (WIFE)				
	18 CAUSE OF DEA	BETWEEN	MATE INTE	RVAL DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, right and left lower lobe:											
				r as a conseque								
	Conditions, if any	, which		lioblasto		ultiform				1 ve	ar	
	gove rise to im	mediate	}	R AS A CONSEQUE								
	underlying caus		1000 10, 0	K AS A CONSCOOL	NCE OF							
	PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
NO NO												
CERTIFICATION	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
Ĭ							YES WO YEK NO NO					
l H	21a. ACCIDENT WAS UN	-	216 TIME O		V VEAD	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	REINITEM IS PAR	T OR PART		
AL	OR CONTRIBUTING		AIR	M. MONTH DA	19							
MEDICAL	21d INJURY OCCUP		21e PLACE	OF INJURY		211 LOCATION						
M.	WHILE NOT W	нц	(AT HOME STE	REEL FACTORY, OFFICE F.	ARM ETC)	STREET		. ITY OR TO)WN	COUNTY		STATE
	22a L certify that (er(this hosp	ital) attended th	e deceased from	A110115	st 3. 19	84	to April	30. 19	85	that iX (we) lost
	22a L certify that () saw the decea	sed alive a	April	30 19 8	35	nd that in Kry (our)		leath occurred on the d	ate and hour o	ind from the	causes st	ated
	226 SIGNATURE	aia) (desc	view the body	after death.		DEGREE				22c DATE	SIGNED	1005
	Ta Medical Staff PHYSICIAN D D D D D D D D D D D D D D D D D D D									Apri	1 30	1985
1	22d PHYSICIAN'S N	AME (TYPE	OR PRINT)	, ,,,		NATIONA	T. TNS	STITUTES OF	HEAT.TI	1		
	Clint	on A	. Medi	bery, 1				TER. BETHE			05	
	BURIAL, CREMATION	, REMOVAI	23b DATE	23c N	AME OF C	EMETERY OR CREM		23d LOCATION				
	Cremation					itan Crem			ria		irgin	iia
24_FI	UNERAL DIRECTOR			ADDRESS			25a. DATE	REC'D BY REGISTRAR	25 REGISTO	R'S SIGNA	Pandal	12
		P.A.	., Beth	esda, Mar	yranc	1	MAY	6 1985	7		1	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or MPORTANT: If them 21 is marked or Item 18 shows any injury, or ath



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) EST! DEATH MATED David Winston OR. 3 SEX 4. RACE 5. DATE OF BIRTH A AGE IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED :20A В M 8 8 26 58 DEAD 1985 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Mississippi WIDOWED [DIVORCED Montgomery County, IN CITY OF TOWN OF DEATH 11. MAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) SHOULD BE F Silver Spring 8040 13th Street (Quality Inn) USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL THE OUNTY 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 839 18th St. N.W Washington NO [14. FATHER'S NAME S. MOTHER'S MAIDEN NAME URS AFTE.
18. GIVE PAG.
"ITH FORM PN.
"ES 1 RMD 2 MIDDLE MIDDLE FIRST LAST Winston Polk David Martina 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Parhsfield, NJ EYES, NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES! Yes 5 Berkley Terrace 146-14-5465 Mildred Brown CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION WRITING.

/ARDED TO TIME.

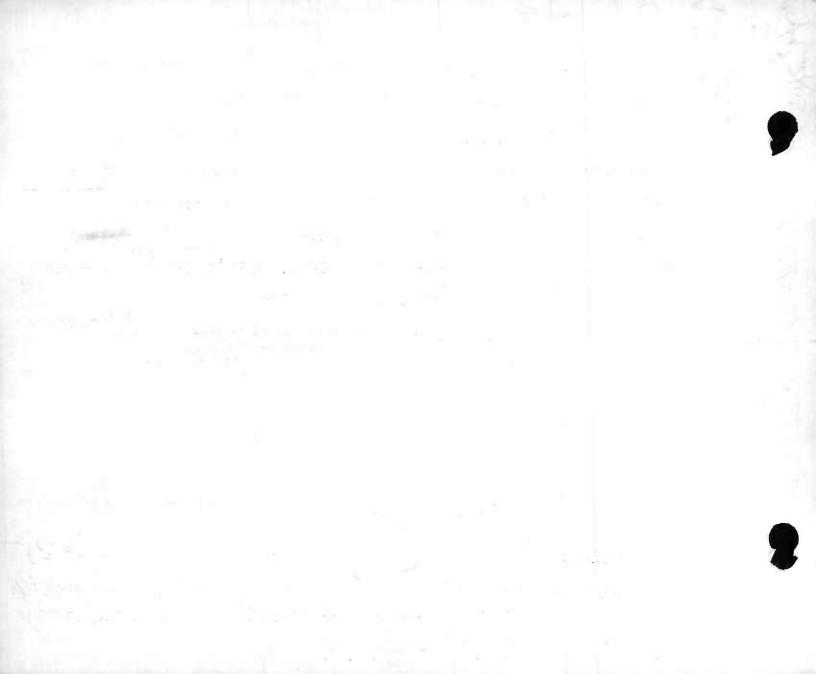
/AGE 3 SHOULD BE USE.

JATE DEPARTMENT OF HEAT

TO PRIOR TO BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY CATHOME 71f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAKTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE WHILE AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection death resulted from Undetermined manner Natural causes ACTUAL DATE 4/29/85 Assistant. SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Baltimore Mt. Zion Cemetery 5/6/85 MD Burial 24 FUNERAL DIRECTOR 250. DATE REGID. BY REGISTRAR 1856 REGISTRAR'S SIGNATURE 1. DHMH - 17 C. March F/H, Inc. 1101 E. North (VR A15 ME (5))



4	112101	1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE	1 2	i	วั	
3	0		ECEASED NAME PE OR PRINT) NO	rbert		V.		WOLFF	,	20 DATE OF D	APRIL	14,	1985	5:08 A
10	(A & A	3. S	Male	4	RACE whi	te	DEC.	O'3'	1896	6 AGE (IN YEAR	YF	MONTE		IF UNDER 24 HRS HOURS MIN.
	secret. Po		ERMANY (STATE OR FO		u.s.		MARRIE		VORCED [Mont	cur <u>or</u> cou gomery	cou	NTY	MD.
102		S	lver Spring	3 /	11. NAME OF HOSPITAL, NURSING HO		Hospita	pital		120 USUAL OCCUPATION 12b. KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLOTHIN		IING		
AND 23		13 ₀ M	NARY LAND MON		TGOMERY SILVER SPRING YES 🖔			NO 8811 COLESVILLE ROAD			20910			
MARY	F3 150	A	DOLF FIRST		WOLFF SARAH		GOTTHEF.							
BALTIMORE	1311/	160 N	WAS DECEASED EVER (ES, NO OR UNKNOWN)		WAR OR DATES)	577-30	- 7305A	17 INFORMA EDI		OLFF, S	899RECOL ILVER S		G, MA	RYLAND
DIVISION OF VITAL RECORDS, 201/W PRESTORES, BALL	10 HOSPITAL OR ATTENDING PHYSICIAN. The town houses that the Bright certificate retained by the hospital as otherwise physican. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physics should be described by the attending physics with the State Dept. of Health and Mentel Hygine prior to burial, cremation, or remicral. IMPORTANT, if them 21 is marked or them 18 abbect any mury, or other trainmatic event. In	10	Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN THE DATE OF OPERAT THE THERE SIGNED THE SIGNED TH	which hediate and last. Which lediate and last.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O DITE TO TO DITE TO DIT DITE TO AS A CONSE	QUENCE OF TO DEATH BUT TO DE	NOT RELATED NOT RELATED THE LOCATE THE	ON TO THE TERM DIGHT OCCURS ON THE TERM DIGHT OCCURS ON TO THE TERM DIGHT OCCURS ON THE TERM DIGHT OCCURS Jan AUTOP	OR CONDITION 200 III GIVEN II	N PART TIO	GS USED OF DEATH? NO [] NO [] NO [] VIRGINIA URE			
	(VRA 15, 4)	2	32 CARROLL .	SIKEET	, N. W	., WASH	INGTON,	υ. c.	ALK I	8 1985	gullar	iau dso	n-Mano	الراقال



11800 N.H. Ave.,

FOR - STATE

TYPE OR PRINT!

REGISTRAR

24 FUNERAL DIRECTOR

Hines Rinaldi Funeral Home

DHMH - 16 50M 4/83

(VRA 15, 4)

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20. DATE OF DEATH

IF UNDER I YEAR

INDUSTRY own home

COUNTY

REGISTRAR 256 REGISTRARIS SIGNATURE

22c DATE SIGNED

STATE

76 HOUR

17h KIND OF BUSINESS OR

20901

Thorpe

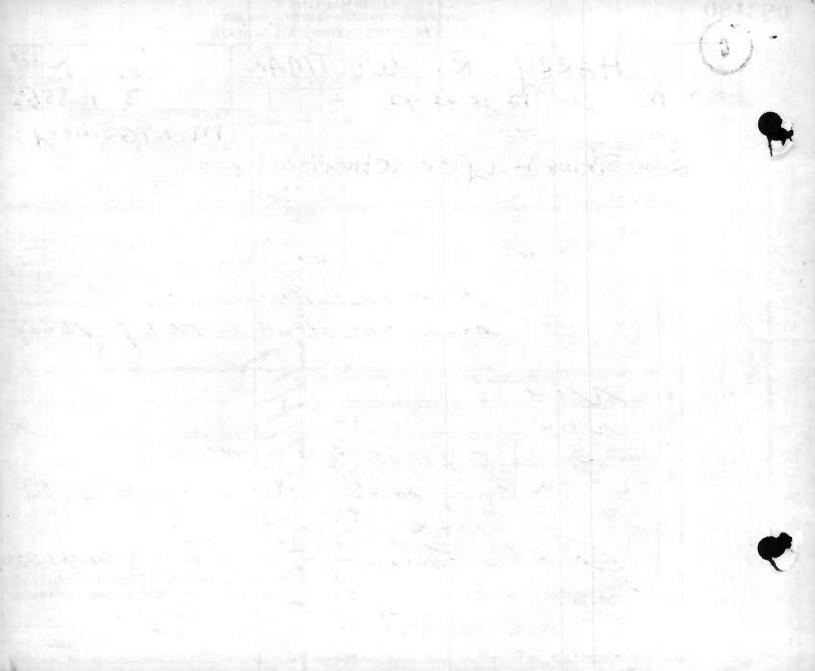
2:40am

IF UNDER 24 HRS

MONTH



083180	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	1- STATE MEDICAL EVALUATION OF DEATH
(C)	REG. NO.
	T. DECEASED NAME FIRST (TYPE OR PRINT) HARRY REAL PLANTS OF ESTI-
SO = 5 = -€	I. SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 26 HOUR
ARY, HE L DIREC YOUR L 72 YON ST	M 12 18 87 97 YRS. MONTHS DAYS HOURS MIN PRONOUNCED 3 1 1985 6 AM
ESSA FERAL OR Y WESTO	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
N WILL	Iowa United States WIDOWED & DIVORCED MONTGOMERY MD
THE SHEET OF THE S	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY
PA PA	Sive Speint Holy Cost Hospital Formast of Working LIFE) OR INDUSTRY Railroad OR INDUSTRY Railroad
ANY DE ANY DE AND STAIN STAIN DE COULD B	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE BEFORE ADMISSION) 136. COUNTY 136. COUNTY 136. COUNTY 137. CITY OR TOWN 138. STATE 139. STREET ADDRESS APT 810S
Z = 28.	Maryland Montgomery Bethesda YES NOX3 5225 Pooks Hill Road /20814
BALTIMORE, MD. 2 JRS AFTER DEATH. II GIVE PAGES 1, 2, WITH FORM PM 2 SI PAGES 1 AND 2 SI PAGES 1	14. FATHER'S NAME PETER Peter Woltman 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN
MORE, PAGE, PAGE, FORM	168. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT (SON) ADDRESS 5225 POOKS H111 R
ALTIMA S AFTE GIVE P TITH FC VISION	(YES, NO OR UNKNOWN) (IF YES, GIVEN AR DATES) 714-10-3654 Harry R. Woltman Jr. Bethesda, Maryland
1 88	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST D WITHIN 24 HC FENCIL IN ITEM 1 AMINER ALONG TRANSIT PERMI FENTAL HYGIENE.	DODIMMEDIATE CAUSE (0) 132/2 Ceral Incumoniz
SIT P HYG	Conditions, if any, which
W. PREST D WITHIN SMINER TRANSIT ENTAL HY REMOVA	gave rise to immediate) (by teleclos) of the control of the
301 W CUTED IN PER I EXAN JRIAL-T	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
DIVISION OF VITAL RECORDS, 31 CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" IN ROED TO THE CHIEF MEDICAL I E 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEAITH AND PRIOR TO BURIAL, CREMATION.	
ULD BE WPENDI PED AS EE AEE	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO. 190. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR AM MONTH DAY YEAR 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SHO ORD CHILL	YES NO NO DE
OF VIT. ATE SH E WORI THE CI TO BE AENT OF MENTAL	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 100 DAY YEAR 10
IFFICA TO TO THE HOULD	S CONTRIBUTING DAUSE OF DEATH PR. 7 18 TELL IN 1.11 one
CERTIFIC RITING TH ROBED TO E DEPARTI PRIOR TO	216 INJURY OCCURRED 216 PLACE OF MJURY (AT HOME, 211. LOCATION STREET AT WORK AT
DI THIS WARE PAGE	AT WORK AT WORK & Nursels Home Crival Pl. Kensington Mont Mit
S S S S S S S S S S S S S S S S S S S	22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . Inquiry . ond in my opinion
EXAMINE CERTIFICA JID BE FI DIRECTO WITH TH ARYLAND	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,
DIE WITH	ACTUAL DATE A LANGE
CALE THE C SHOULD RAI D ATH, A	SIGNATURE SIGNED ACK 1 1/888
TO MEDICAL E EXECUTE THE PAGE 4 SHOU FOR UNERAL I AFTER DEATH,	EXAMINED SHAME John S. Rogers 1919 Seminary Road, Silver Spring, MD
TO ME EXECU PAGE TO FU	THE RURLAL OPERATION REMOVAL 17th DATE MATCH 1722 NAME OF CENETERY OF CREATION 1734 IOCATION
BP	Burial 4, 1985 Rock Creek Cemetery Washington D.C. STATE
DHMH · 17	24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 7/77	P.A. Bethesda, Maryland MAR 5 1985 Julia Builson-Rondolle



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

in Time and the second
Managements among with the last of the las

J. m.Jeals Com 36.30 - 35. 30 , and a con. J.



126030

STATE OF MARYLAND FOR - STATE

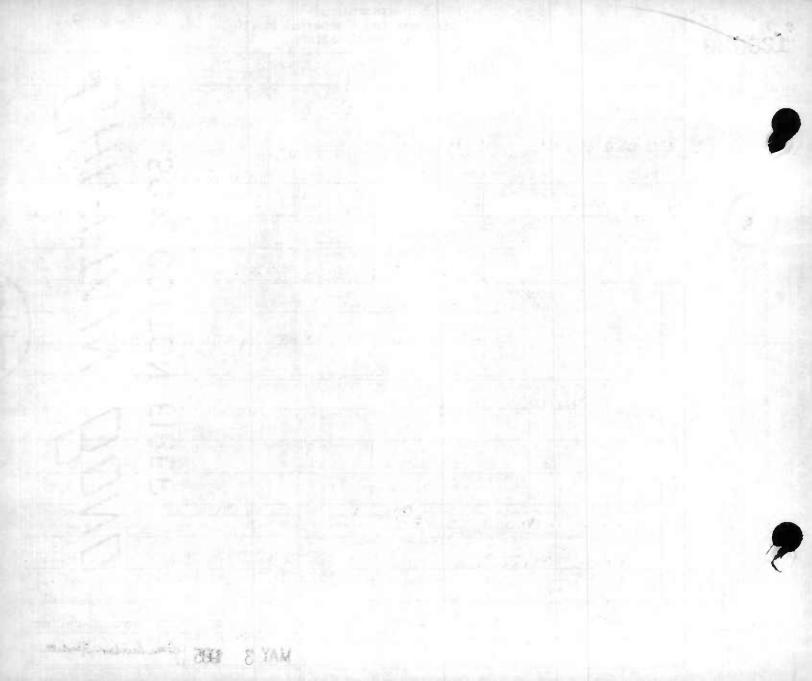
74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA

Bethesda, Maryland 20814

DEPARTMENT OF HEALTH AND MENTAL HYPENE

REGISTRAR				CEKITE	ICATE OF D	EATH	REG. N	10.		
DECEASED NAME	FIRST	N	NODLE	L	AST		20 DATE OF DEATH		AY YEAR	26 HOUR
(TYPE OR PRINT)	David	A	lton	Wo	rsley		April 29,	1985 ,	5.55	12:45am
SEX	4.	RACE		5. DATE C			6 AGE (IN YEARS LAST B		FUNDER 1 YEAR	
m	ale	Cauco	sian	MONTH 2	2 2	O X	77	YRS	ONTHS DATS	HOURS MIN.
			WHAT COUNTRY	? 8.	D NEVER M	100ED [9 BALTIMORE CITY	OR COUNTY	OF DEATH	
north Ca	rolina -	U	A>	WIDOWE	_	ORCED	Montgom	erv Co	nıntv	MD.
CITY OR TOWN O			OSPITAL, NURSI	NG HOME C		TUTION	12a USUAL OCCUPAT			
Bethesd	a / .	Suburb	an Hos	pital			electronic			ernment
Maryland	M3V COUNTY		ISL CITY OR TOVE TEMPLE	WN	13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS 2014 Keat	ting St	reet/2	20748
FATHER'S NAME		_ 7			15 MOTHER'S			0		
Thomas	Li	ither	Wors.	Ley	Anni	e	WIDDIE		Mac	lrv
WAS DECEASED			166 SOCIAL SEC	URITY NO.	17 INFORMAL	VT.	ADDI	RESS		
Yes	WW I	AR OR DATES)	239-32-6	6621	Ruth	H. Wor	sley, same	as #13		
18. CAUSE OF I	DEATH (Enter only	ane cause per	line far (a), (b), a	nd (c).1				100	APPRO) BETWEEN	ONSET AND DEATH
PART I. DEA	TH WAS CAUSED &		Caro	liaia	annes	7	income and			
		DUE TO OF	R AS A CONSEQU	IENCE OF						
Conditions, if	any, which		alhero.	-	21/6	coron	arianteri	diss.	04.00	
gave rise to	immediate)			V_1 = 3			1		
underlying		DUE TO, OK	AS A CONSEQU	JENCE OF						
PART 2 OTHER	SIGNIFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1	a
	diagni	Tra 1	,000.	Tild			With Diobride on Co.			
190 DATE OF OI	PERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FIND	
Ĕ							YES NO X	IN CERTIFY YES		S OF DEATH?
71g. ACCIDENT W.	AS UNDERLYING	21b. TIME OF	FINJURY		21c HOW IN.	URY OCCURE	RED (ENTER NATURE OF IN)			NO []
OR CONTRIBUTING	CAUSE OF DEATH		M. MONTH D							
(IF EITHER NOTIF	Y MEDICAL EXAMINER)	P.A.		19	211 LOCATIO	N				
W.	OT WHILE		EET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR I	OWN	COUNTY	STATE
	AT WORK							A - 7		
	ot (1) (this haspital					. 19	10 Carrel	28 1		that (1) (we) last
saw the de above, (1) (eceased olive on deceased olive on deceased olive on deceased	new the bady	after death	35,01	nd that in (my) (our) opinian a	deoth accurred on the	date and haur	and from the	causes stated
226 SIGNATUR	E	1	0.00		DEGREE					SIGNED
28	Janu Pr	atel	am o		A	HYSICIAN X	MEDICAL STA	AFF ICIAN 🗌	Apr.	29,1985
224 PHYSICIAN	S NAME (YPE OR PI	TINITI					New Mexic		nue -	N.W.
	Re	STI	FO			Washi	ngton, D	.C.	,	
3a. BURIAL, CREMAT		23h DATE M	ay 2, 23c	NAME OF C	EMETERY OR C		23d LOCATION			
(SPECIFY) Bur			85 ' Pi	inevie	w Cemet	ery	Rocky Mo	ount, N	orth C	arolina

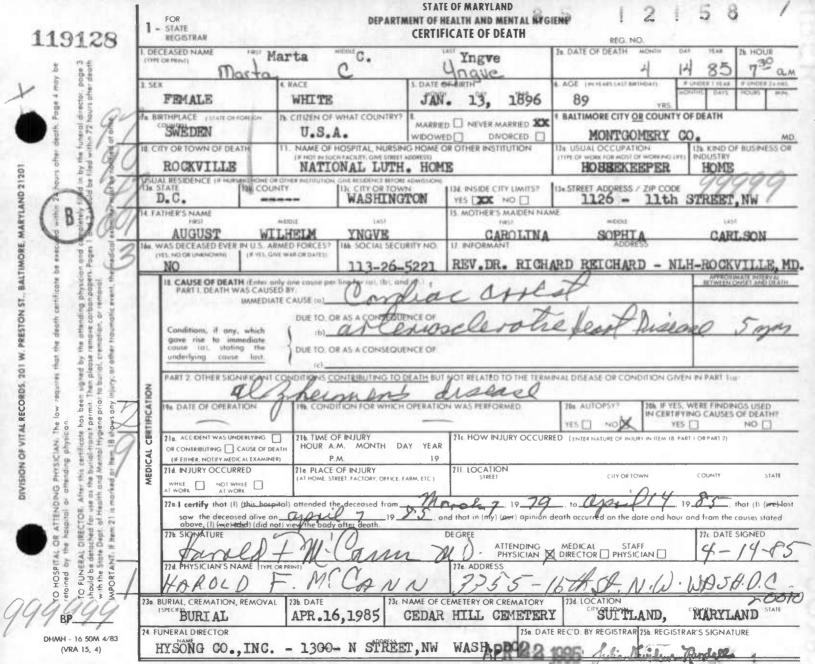
DHAH - 16 60M 7/84 (VRA 15, 4)



	ECEASED NAM	ME FIRST		WIDDLE	LAST	20 DATE KNOWN	MONTH	DAY YEAR	26 HOU
3. S	TYPE OR PRINT)	HYE		Ja	YI	OF ESTI- DEATH MATED		30 1985	
3. S	EX	4 RACE	5. DATE OF BIR	TH 6. AGE (IN	YEARS IF UNDER 1 YR. IF UN	DER 24 HRS 2c DATE		DAY YEAR	ST HOUE
12	Eemale	Korean	March		YRS. HOURS	MIN PRONOUNCED DEAD	4 3	30 1,85	6:50 A
70	BIRTHPLACE FOREIGN COUNTRY KOrea	STATE OR	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MA				
	CITY OR TOWN		USA		WIDOWED DIVO	DRCED Montgome:	-	- mb	ME
1	aithers		(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS		FOR MOST OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	
US	UAL RESIDENC	E (IF IN NURSING HOA	ME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMI	SSION)			20072	_
130	Md.	136. CO	font.	Gaither:			eer Pai	20873	
94	FATHER'S NAM		MIDDLE	LAST	15. MOTHER'S MA			LAST	
	Min		C	Yi	Sang	Rve	7	Yoon	
60	WAS DECEAS	ED EVER IN U.S	ARMED FORCES?	. 166 SOCIAL SECUR	RITY NO. 17. INFORMANT	ADDŖ	RESS		
	None				9148 Min C.	Yi (Father) S.	ame as		
	18 CAUSE PARTIC	OF DEATH (Enter DEATH WAS CAU	anly one cause per SED BY	line far (p), (b), pnd (c).)				APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
4	1.397	IMMED	NATE CAUSE (D)		ce cervical tra	auma			
16	Conditi	ons, if any, wh		OR AS A CONSEQUENC	E OF				
TE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DO PRIOR TO BURIAL, CREMATION, OR REMOVAL.									
		rise to immedia							
١	couse (a) stating the <u>und</u> ause last.		OR AS A CONSEQUENC	E OF				
١	couse (lying co	a) stating the <u>und</u> ause last.	er- DUE TO, (c)			NO.DT			
NO	lying co	a) stating the <u>und</u> ause last.	er- DUE TO, (c)		E OF	N PART I 10			
ATION	lying co	a) stating the <u>und</u> ause last.	ONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TE		N PART ('a		20 AUTOPSY	?
TIEICATION	lying co	a) stating the <u>und</u> ause last.	ONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN I	N PART I (a			
CERTIFICATION	PART 2 OTHER 19a DATE C	a) stating the und ause last. SIGNIFICANT CONDITION DE OPERATION NAL CAUSE WAS	DUE TO, (c) DNS CONTRIBUTING TO DE 196. CON 216. TIME	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN I	N PART I I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		YES 🔀	? NO 🗆
CALCERTIFICATION	PART 2 OTHER 19a DATE C	a) stating the und ause last. SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS IG OR TING CAUSE CAUSE C	DUE TO, (c) INS CONTRIBUTING TO DE 196 CON 216. TIME HOUR OF DEATH ?	ATH BUT NOT RELATED TO THE TE NOTITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 198	ERATION WAS PERFORMED? 216 HOW INJURY OCCU AR Subject ass	RRED (ENTER NATURE OF INJURY IN		YES 🔀	
AEDICAL CERTIFICATION	PART 2 OTHER 190 DATE C 210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY	OCCURRED	DUE TO, (c) 196 CON 216. TIME HOUR PLACE TOREST	ATH BUT NOT RELATED TO THE TE NOTITION FOR WHICH OP E. OF INJURY A.M. MONTH DAY YE P.M. 4-30- 198 CE OF INJURY (ATHOME.	ERATION WAS PERFORMED?	RRED (ENTER MATURE OF INJURY IN ITEA	M 18 PART I OR PART 2	YES 🔀	NO 🗌
MEDICAL CERTIFICATION	PART 2 OTHER 19a DATE C	OCCURRED	DNS CONTRIBUTING TO DE 19b. CON 21b. TIME HOUR 21c. PLAC STREET.	ATH BUT NOT RELATED TO THE TE NOTITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 198	RMINAL DISEASE OR CONDITION GIVEN I ERATION WAS PERFORMED? 216 HOW INJURY OCCU AR SUBject ass 216 LOCATION STREET	RRED (ENTER NATURE OF INJURY IN		YES 🔀	
MEDICAL CERTIFICATION	PART 2 OTHER 190 DATE C 210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	OF OPERATION NAL CAUSE WAS IG OR OCCURRED NOT WHILE AT WORK	DUE TO, (c) 196. CON 196. CON 216. TIME HOUR 216. PLAC STREET.	ATH BUT NOT RELATED TO THE TE NOTITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 19 E CE OF INJURY (ATHOME, FACTORY, FARM, ETC.)	eration was performed? 216 How injury occu ar Subject ass 216 location STREET Field & Mudd	RRED LENTER NATURE OF INJURY IN ITEA saulted. crity or town dy Branch Rds.,	M 18 PART 1 OR PART 2	YES 🔀	NO STATE
APPICATION	PART 2 OTHER 190 DATE C 210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK	OF OPERATION AL CAUSE WAS IG OR RING CAUSE C OCCURRED NOT WHILE AT WORK	DUE TO, (c) 196. CON 196. CON 216. TIME HOUR 216. PLAC STREET.	ATH BUT NOT RELATED TO THE TE NDITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 19 E CE OF INJURY (ATHOME. FACTORY, FARM, ETC.) described Dbove, held D	ERATION WAS PERFORMED? 21c HOW INJURY OCCU AR 21f. LOCATION 51REET Field & Mudd Autapsy X Inspe	RRED LENTER NATURE OF INJURY IN ITEA Saulted. CITY OR TOWN BY Branch Rds., chipn Inquiry	w 18 PART I OR PART 2	YES 🔀	NO STATE
MEDICAL CERTIFICATION	PART 2 OTHER 190 DATE C 210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 220 Leer death resu	OF OPERATION AL CAUSE WAS IG OR RING CAUSE C OCCURRED NOT WHILE AT WORK	DNS CONTRIBUTING TO DE 196. CON 216. TIME HOUR 21e PLAC STREET.	ATH BUT NOT RELATED TO THE TE NDITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 19 E CE OF INJURY (ATHOME. FACTORY, FARM, ETC.) described Dbove, held D	RMINAL DISEASE OR CONDITION GIVEN I ERATION WAS PERFORMED? 216 HOW INJURY OCCU AR Subject ass 216 LOCATION STREET Field & Mudden Autopsy X. Inspec	RRED LENTER NATURE OF INJURY IN ITEA Saulted. CITY OR TOWN CHIP IN INQUITY CHIP IN INQUITY Undetermined manner	Gai ther	YES X	NO STATE
MEDICALGERIEICATION	PART 2 OTHER 190 DATE C 210. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 220 I cer	OF OPERATION ALL CAUSE WAS IGNOCHMENT CONDITION OF OPERATION OCCURRED NOT WHILE AT WORK tify that I took chilled from: No	DNS CONTRIBUTING TO DE 196. CON 216. TIME HOUR 21e PLAC STREET.	ATH BUT NOT RELATED TO THE TE NDITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 19 E CE OF INJURY (ATHOME. FACTORY, FARM, ETC.) described Dbove, held D	RMINAL DISEASE OR CONDITION GIVEN I ERATION WAS PERFORMED? 216 HOW INJURY OCCU AR SUBject ass 216 LOCATION STREET Field & Mudd Autapsy X, Inspe Suicide , Hamicide X	RRED LENTER NATURE OF INJURY IN ITEA Saulted. CITY OR TOWN CHIDN Inquiry Undetermined manner	Gai ther	YES X	STATE MD
AMEDICAL CERTIFICATION	PART 2 OTHER 190 DATE C 210 EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 220 I cer death resu	OF OPERATION SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS IN OR	DNS CONTRIBUTING TO DE 196. CON 216. TIME HOUR 21e PLAC STREET.	ATH BUT NOT RELATED TO THE TE OF INJURY A.M. MONTH DAY YE P.M. 4-30- 19 E CE OF INJURY (AT HOME. FACTORY, FARM, ETC.) ditch described obove, held on Accident ,	RMINAL DISEASE OR CONDITION GIVEN I PERATION WAS PERFORMED? 216 HOW INJURY OCCU AR Subject ass 216 LOCATION STREET Field & Mudd Autopsy X, Inspe Suicide , Hamicide X TITLE (SPECIFY M.D. ASSISTA	RRED LENTER NATURE OF INJURY IN ITEA Saulted. CITY OR TOWN Why Branch Rds., Ction Inquiry Undetermined manner	Gaither DATE SIGNED.	YES X	STATE MD
MEDICAL	PART 2 OTHER 190 DATE C 210 EXTERN UNDERLYIN CONTRIBUT 210 INJURY WHILE AT WORK 220 I cer death resu	OF OPERATION PAL CAUSE WAS IG OCCURRED NOT WHILE AT WORK Hilly that I took child from: No	DUE TO, (c) INS CONTRIBUTING TO GE 216. TIME HOUR PROPERTY 216. PLAC STREET. DUE TO, (c) 176. CON 216. TIME HOUR 517. TIME TO THE TO	ATH BUT NOT RELATED TO THE TE NDITION FOR WHICH OP E OF INJURY A.M. MONTH DAY YE P.M. 4-30- 198 CE OF INJURY (ATHOME. FACTORY, FARM, ETC.) ditch described obove, held on Accident M.D. 23L. NAME OF C.	RMINAL DISEASE OR CONDITION GIVEN I ERATION WAS PERFORMED? 216 HOW INJURY OCCU ASS 216 LOCATION STREET Field & Mudd Autopsy X Inspe Suicide Hamicide X ITTLE (SPECIFY M.D. ASSISTA	RRED LENTER NATURE OF INJURY IN ITEA Saulted. CITY OR TOWN CHIPT D. Inquiry D. Undetermined manner D. MEDICAL EXAMINER	Gai ther DATE SIGNED.	rsburg, omery C 4-30-8 21201	STATE MD

STATE OF MARYLAND





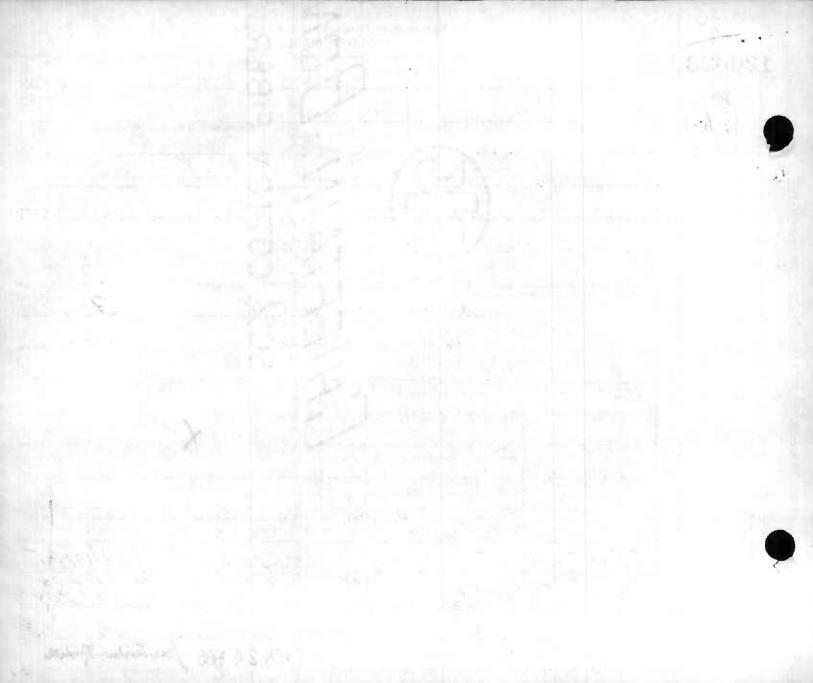
		Zinave	.00	naga (
		JAN 13, 1496		12.Dia	J. HE
•	ZEELOCTION	XX	. A	.8.0	
	REMOTA SECR		. Otto Calso	ITAN	* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1
it, whice	ngii - asii	3000	STEVEPLAN	-	.0.0
HG-100	ACITION	ANTEN INC			1806.0

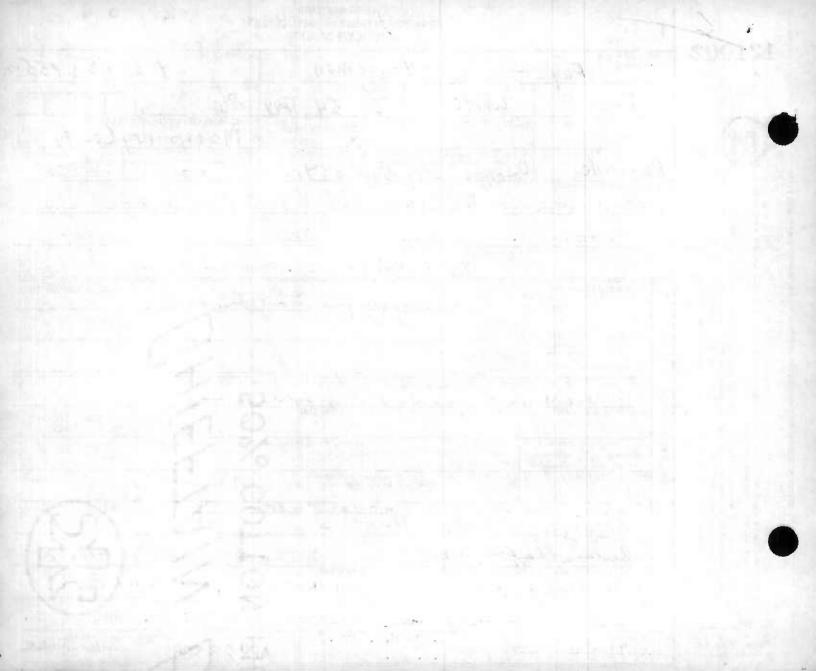
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE

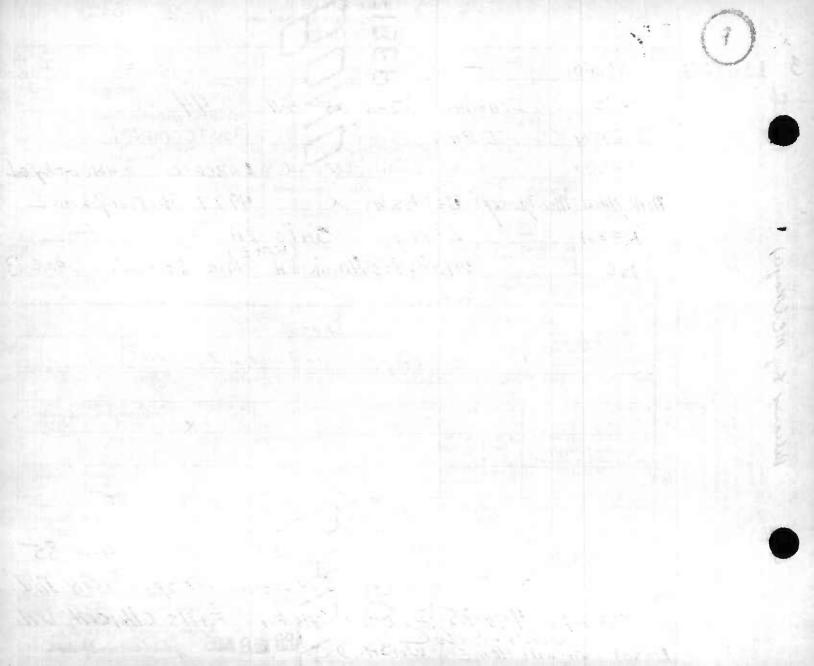
9

,		REGISTRAR		CERTIF	ICAIL OF DEATH	REG. NO.				
		EASED NAME FIRST	MIDDLE	L	AST		ONTH DAY YEAR	26_HOUR		
	ITPE	OR PRINT)	WILLIAM	Н	YOUNG	APRTI 19	1985	8:05/		
Sec. 3.	SEX		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YE			
. 1	٨	IALE	CAUCASIAN	TIIN	E 2.1902	82	YRS MONTHS BAT	YS HOURS M		
5	BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY2 8	17	9 BALTIMORE CITY OR				
50	MARYLAND		1							
D 10		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION	125 KINE	D OF BUSINESS		
676		SILVER SPRING			NG AVENUE		STATION MA			
8	SUA 3a S	L RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z				
			TGOMERY SILVE				SPRING AL	JENUE 2		
14	_	HER'S NAME		AST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST		
\$5D		THOMAS	NEWTON	YOUNG	CATHERI		SCHAEFFER	TASI		
		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANSON IN	LAW ADDRESS	O KNOWLES	AVENUE		
теф		10		-09-6785	GRANT TURN	ER KENSI	NGTON MD.	20895		
, the		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a),	(b), and (c)	1			OXIMATE INTERVA		
veni	-1	PART I. DEATH WAS CAUS		TOCATOIN	omp OF Col	lon	3	1/2/1		
ţi,	- 1	WW. C. S.		ISEQUENCE OF				11		
OF J		Conditions if any which	DUE TO, OR AS A COM		to Liver		1/	240		
tro		gave rise to immediate								
the	couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last									
5		DARKE CITY OF COLUMN	((c)	IC TO DEATH BUT	NOT DELIVED TO THE YEAR	NAME OF THE ORIGINAL OF THE OR	1011 GB/51 B1 B1 B1			
Kunli	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVEN IN PART	1 a		
in and	CERTIFICATION	9a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIN			
5	Ĭ.					YES NOW	N CERTIFYING CAUS	SES OF DEATH?		
8 sh	W .	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE					
		OR CONTRIBUTING CAUSE OF D	EATH	TH DAY YEAR						
# 1 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	IÀ	211 LOCATION					
pa a	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY.	OFFICE, FARM, ETC.)	STREET	CITY OF TOWN	COUNTY	STAT		
mort		220.1 certify that (1) (this has	nital) attended the deceased	tram OLTO	RFR 18 1083	" HORIT I	9 10 85	_ that (1) (we)		
- 2		saw the deceased alive of	APRIL 5	1985	nd that in (my) (our) apinion	death accurred on the date	and have and fram t			
E S		abave, (I) (we) (did) (did i 22b. SIGNAZURE	nati view the bady after death	l.	DEGREE			AJE SIGNED		
ž	П	7 wear).	Perset	2n1	ATTENDING_	MEDICAL STAFF	41	19/23		
Z		226 PHYSICIAN'S NAME (TYPE	00000000	9	PHYSICIAN 2	DIRECTOR PHYSICIAL	N J	2 2 2		
NRT A		Ille La 1	Alama mi	7	The ADDRESS SCALE	renton	17	200		
IMPORTANT		NUDIT -	MIDERET TIL		27	1011 261	INIM	7 20		
_ 23		JRIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STAT		
-	1 5	BURIAL	4/22/85	PARKLA	WN CEMETERY	ROCKVILLE	MONT	MD.		
17/84	1 FU	NERAL DIRECTOR FRANC	IS J. COLLINS	DDRESS	I A D D	E REC'D. BY REGISTRAR	REGISTRAR'S SIGN	Acres 10		
)	1	OO UNIV. BLVD.	.W. SILVER SPI	RING. MD.	20901 AFT	4 500 P				





	1		STATE OF MARYLAND	5 121	6
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL	IYGIENE & Some A	
(1)	1 05	REGISTRAR CEASED NAME FIRST	MIDDLE LAST	REG. NO.	DAY YEAR 26 HOUR
4 11 2		OR PRINT)	THE STATE OF THE S		85 2 A
The serve	3. SE	VIVEHOI	ZEREHI ACE 1 S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
offer. p	3. SE	1000/0	MONTH DAY YEAR	1111	MONTHS UAYS HOURS MIN.
o Boo	Ja B	RTHPLACE (STATE OR FOREIGN 7b. C	CITIZEN OF WHAT COUNTRY?	9 BALTIMORECITY OR COUNTY	OF DEATH
F 71 P	1	1 DAM	T PAIN WIDOWED DIVORCED	MANTERME	2. 1
de form	10 C	ITY OR TOWN OF DEATHS 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
ofte v the led v	18	ETHESOA	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OSPITAL	LABORER	UNEMPRIED
1 11 10	USU 3n	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 113 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN # 134. INSIDE CITY LIMITS	? 13e.STREET_ADDRESS / ZIP CODE	21045
見 元 計画人	21	An an II. When I	EMERIN BETTLESCHA YES IX NO [4977 BAT	TERY LANE
1 17	15 E	ATHER'S NAME MIDD	DIE LAST 15. MOTHER'S MAIDEN	NAME	LAST
W 5 00 /2	a	REZA -	- ZEREHI SALO	OURA -	
A 2		WAS DECEASED EVER IN U.S. ARMEE		UIFE). ADDRESS	1 Same Y
1 1 1 1 1		NO -	349486333 HAMIDE	4 MIR MOTHE	
A STATE OF THE STA		PART I. DEATH WAS CAUSED B	ine cause per line far (a), (b), and (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SI		IMMEDIATE C			
No of the state of			DUE TO, OR AS A CONSEQUENCE OF SHOUR		
SEST Second		Canditians, if any, which gave rise to immediate	(b) (Angeobly C one Coc		
y Tu year		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE WALL	myorandral infan	2
E N E S S S S S S S S S S S S S S S S S		PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T		VEN IN PART Ica
SO 1 2 2 2 2 2	Z O				
RECORDS	5 8	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
3 28 24 6	Street Street			La l	ES NO
MY SOUTH	S E	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
20 No 198 F	7 3	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19		
NG PHYSICU antending p they the certification the certification of the burish-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N Of Page	2	WHILE NOT WHILE AT WORK	111/	1/11	
Z - 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		220.1 certify that (I) (this hospital)		, to 7/16	, that (I) (we) last
- 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		saw the deceased alive an above, (1) (we) (did) (did nat) vi	new the body after death.	nian death occurred an the date and have	
S S S S S S S S S S S S S S S S S S S		17h SIGNATURE	Memoden MD ATTENDIN	IG MEDICAL STAFF	224. DATE SIGNED
A TAL	4	/ //wer /	PRYSICIA		14-15-03
40 SPITAL ned by t FUNERAL old be det the State		Man I TYPE OR PR	WISINGT IN MO	-2- 1/2-2	RETIL MI
TO HOSPITA TO FUNERA should be de with the Stat		1142516 4	3484	DRY 23d LOCATION	1) El H. 1116.
	236.	BURIAL, CREMATION, REMOVAL	236. NAME OF CEMETERY OR CREMATO	CHY OR TOWN	PLIDIH PAYA
BP	74	UNERAL DIRECTOR	7-16-05 ISIAMIC COARD	DATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	3	NAME - YETT	ALL DESCRIPTIONS ALL	1 418 1985 Julie J.	evidoon-Randoll
(400 13, 4)	4	DEVOL FUNERA	Heine withing		



ould be

d

nto! Hygre

8

0

+

MPORTANT

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Johnathan Ray Ziemann 4 RACE 5 DATE OF BIRTH 3. SEX A AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HP MONTH Male April 8, 1985 0 30 Caucasian 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Montgomery WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Gaithersburg N/A N/A USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1436. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 11 Shady Spring Place Maryland Montgomery Gaithersburg YES X NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Sallie **Bradlev** Ray Ziemann Seibert Kav 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Father (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO N/A NONE Bradley Ray Ziemann, Same as Line #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ANOXIA NEONATAL IMMEDIATE CAUSE (o). DUF TO, OR AS A CONSEQUENCE OF AGEUESUS PULMMARY Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause THANATOPHORIC DWARFISM CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from, 23 sow the deceased alive on. and that in (my) (took) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS SUITE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BETHESDA Milton W. WERTHMANN JR MD RIDGE FIELD RD 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

should be with the S

(SPECIFY)

Francis Gasch's Sons Funeral Home

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Ft. Lincoln CrematoryBrentwood.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Baltimore Avess, Hyattsville,

Three try for a low line in the control of the cont

STATE OF MARYLAND

9		REGISTRAR		CEKTIF	CATE OF DEATH	REG. NO.	
	I. DEC	CEASED NAME HAZE	MIDDLE C.	Z	ork	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR P 9:45 M
1	3 SE)	Female	white	5 DATE O		92 YRS MOT	UNDER 1 YEAR IF UNDER 24 HRS
8		IRTHPLACE (STATE OR FOREIGN TO COUNTRY) Indiand	-USA	MARRIED WIDOWE	DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY OF	MERY. MD.
10	10. CI	Ver Spring	NAME OF HOSPITAL, NURSI		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
6	13a S	AL RESIDENCE (II) HURSING HOME OR OTO STATE 136 COUNTY	1 13c CITY OR TOV	NN	YES NO	13e STREET ADDRESS / ZIP CODE 8020 Sandy Spr	Rd. 20818
20	14 FA	ATHER'S NAME FIRST NOT AVA	DDLE LAST		15. MOTHER'S MAIDEN NAM	AE AVAILAGEE	LAST
		VAS DECEASED EVER IN U.S. ARME YES, NO OPUNKNOWN) (IF YES, GIVE W		URITY NO.	D Chart	NARREN R. ZORK	(13E)
-		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (BY:	a rdi	in Brust		BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PROPERTY O	JENCE OF	lestie Heart	Nal Disease or CONDITION GIVEN	N PART IIa
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M.	DAY YEAR		ED (ENTER NATURE OF INJURY IN ITEM 18. PART	ORPART 2}
	MED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		274 I certify that (I) (bb) hospital saw, the discount office on obove, (I) (we told) (did not ob) (276 SIGNATURE)	4 PANY 10	h on	d that (my (four) opinion d	leoth occurred on the date and hour o	nd from the causes stoted
1		224 PHYSICIAN'S NAME (TYPE OR PE	e e	an	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	11 Aprilis
	20	Micha	el Gi sanit	My	1112 MH	me SS, Med res 9	UY
		BURIAL .	236. DATE APRIL 14. 1985 U	WITED	HEBREW CEMETA HOME . 1250 DATE		
	24. 14	Attitur Valle	254 Carro	oll S	t. N. W. D.	EXEC'D. BY REGISTRAR 256 REGISTRA	in Signature

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the haspital or attending physician.

